

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000019291

FILED
Apr 28, 2004
Secretary of State

Entity Name: FALCO RUBBER, INC.

Current Principal Place of Business:

216 TERESA DRIVE
ROSEVILLE, NC 27571 US

New Principal Place of Business:

216 TERESA DRIVE
ROLESVILLE, NC 27571 US

Current Mailing Address:

216 TERESA DRIVE
ROSEVILLE, NC 27571 US

New Mailing Address:

PO BOX 405
ROLESVILLE, NC 27571 US

FEI Number: 75-3007382 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALRON ENTERPRISES, INC.
390 NARRAGANSETT STREET NE
PALM BAY, FL 32907 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: FOWLER, JAMES
Address: 216 TERESA DRIVE
City-St-Zip: ROSEVILLE, NC 27571

Title: DVP () Delete
Name: FOWLER, JAMES
Address: 216 TERESA DRIVE
City-St-Zip: ROSEVILLE, NC 27571

Title: 2VP () Delete
Name: FOWLER, ADAM
Address: 216 TERESA DRIVE
City-St-Zip: ROSEVILLE, NC 27571

Title: SD () Delete
Name: FOWLER, BRANDE
Address: 216 TERESA DRIVE
City-St-Zip: ROSEVILLE, NC 27571

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: FOWLER, JAMES
Address: 216 TERESA DRIVE
City-St-Zip: ROLESVILLE, NC 27571

Title: DP (X) Change () Addition
Name: FOWLER, PATRICIA
Address: 216 TERESA DRIVE
City-St-Zip: ROLESVILLE, NC 27571

Title: 2VP (X) Change () Addition
Name: FOWLER, ADAM
Address: 216 TERESA DRIVE
City-St-Zip: ROLESVILLE, NC 27571

Title: SD (X) Change () Addition
Name: FOWLER, BRANDE
Address: 216 TERESA DRIVE
City-St-Zip: ROLESVILLE, NC 27571

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA FOWLER

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date