

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90027 040 ***150.00

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1. Entity Name
AEROCON CORPORATION



Principal Place of Business
**1301 S 2ST ST, #301
JACKSONVILLE BEACH, FL 32250**

Mailing Address
**1301 S 2ST ST, #301
JACKSONVILLE BEACH, FL 32250**

24024161



2. Principal Place of Business

3506 SANCTUARY BLVD.

Suite, Apt. #, etc.

3. Mailing Address

3506 SANCTUARY BLVD.

Suite, Apt. #, etc.

03112004

Chg-P

CR2E034 (10/03)

City & State

JACKSONVILLE BEACH FL

Zip

32250

Country

DUVAL

City & State

JACKSONVILLE BEACH FL

Zip

32250

Country

DUVAL

4. FEI Number

61-1163793

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LINGER, DAVID M
302 THIRD STREET STE 5
NEPTUNE BEACH, FL 32266**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature removed when not statutory)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ Delete
NAME **WILCOXON, HELEN L**
STREET ADDRESS **1301 S 1ST STREET 301**
CITY- ST- ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPST** ☒ Change ☐ Addition
NAME **WILCOXON, HELEN L**
STREET ADDRESS **3506 SANCTUARY BLVD.**
CITY- ST- ZIP **JACKSONVILLE BEACH, FL 32250** ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Helen Wilcoxon, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04

Date

Daytime Phone #