

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 26, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P02000128958**

1. Entity Name  
**AEROCON CORPORATION**



Principal Place of Business      Mailing Address  
**3506 SANCTUARY BLVD.  
JACKSONVILLE BEACH, FL 32250**      **3506 SANCTUARY BLVD.  
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE IN THIS SPACE**



01032007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**61-1163793**      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**

**DO NOT WRITE  
IN THIS SPACE**

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 required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
NAME      **WILCOXON, HELEN L**  
STREET ADDRESS      **3506 SANCTUARY BLVD.**  
CITY-ST-ZIP      **JACKSONVILLE BEACH, FL 32250**

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 L Wilcoxon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07      (904) 241-0848  
Date      Office Phone #