


2005

Pg 1 of 2

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000012148
 1. Entity Name
 AVACON, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 6689 BLUE BAY CIR
 Suite, Apt. #, etc.

3. Mailing Address
 6689 BLUE BAY CIR
 Suite, Apt. #, etc.

City & State
 LAKEWORTH FL

City & State
 LAKEWORTH FL

Zip
 33467

Country

Zip
 33467

Country

FILED
 OCT 10 AM 8:05
 TALLAHASSEE, FLORIDA

9/11/05 9:00:07

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

4. FEI Number
 11-3676662

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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.

7. Name and Address of Current Registered Agent

Name
 MICHAEL CRIGER

Street Address (P.O. Box Number is Not Acceptable)
 6689 BLUE BAY CIRCLE

City
 LAKEWORTH FL

Zip Code
 33467

SIGNATURE
 Signature, typed or printed name of registered agent and filer if applicable. (NOTE: Registered Agent signature required when remaining)

DATE

January 1 - May 1, Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D CRIGER MICHAEL 6689 BLUE BAY CIRCLE LAKEWORTH FL 33467	TITLE NAME STREET ADDRESS CITY - ST - ZIP 200060579988 10/13/05--01051--003 **150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP VP WILES WYNETTE 236 AVILA ROAD WEST PALM BEACH FL 33405	TITLE NAME STREET ADDRESS CITY - ST - ZIP REMOVAL T. Hobans OCT 11 2005
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other the-empowered.

SIGNATURE: *[Signature]* 8/30/05 561-543-2340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/No Phone #

CR2005 (12/02)



10/10/2005 12:08 FAX 15617398380

MOTOROLA CELL DIV

001

11 292

October 10, 2005

Avacon Inc.
6689 Blue Bay Circle
Lake Worth, FL 33467
Ph: 561-543-2340

Dear Mrs. Roberts,

Regarding the telephone conversation we had earlier this morning.

I did not receive the 2004 and 2005 Annual Report for Avacon Inc.

Kindest Regards,
Michael Criger