


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

3. Mailing Address
6689 BLUE BAY CIR

Suite, Apt. #, etc.

City & State
LAKEWORTH FL

City & State
LAKEWORTH FL

Zip
33467

Country

9/15/05 9002072 SD 8059

FILED
OCT 10 AM 8:59
TALLAHASSEE, FLORIDA

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4. FEI Number
11-3676662

Applied For
 Not Applicable

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

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
LAKE WORTH FL Zip Code
33467

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 _____ DATE _____

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

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	<u>D</u> <u>CRIGER MICHAEL</u> <u>6689 BLUE BAY CIRCLE</u> <u>LAKE WORTH FL 33467</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VP</u> <u>WILES WYNETTE</u> <u>236 AVILA ROAD</u> <u>WEST PALM BEACH FL 33405</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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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)(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 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 Daytime Phone #

CR2003B (12/02)



10/10/2005 12:08 FAX 15617398380

MOTOROLA CELL DIV

001
B 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