

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000012148

FILED  
May 19, 2009  
Secretary of State

Entity Name: AVACON, INC.

**Current Principal Place of Business:**

6689 BLUE BAY CIR  
LAKEWORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

6689 BLUE BAY CIR  
LAKEWORTH, FL 33467

**New Mailing Address:**

FEI Number: 11-3676662

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRIGER, MICHAEL  
6689 BLUE BAY CIRCLE  
LAKE WORTH, FL 33467 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: CRIGER, MICHAEL  
Address: 6689 BLUE BAY CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467

Title: VP (X) Delete  
Name: WILES, WYNETTE  
Address: 236 AVILA ROAD  
City-St-Zip: WEST PALM BEACH, FL 33405

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL CRIGER

PRES

05/19/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date