

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000073843

FILED
Aug 29, 2005
Secretary of State

Entity Name: RECON PRODUCTS CORPORATION

Current Principal Place of Business:

2487 S VOLUSIA AVE STE 108
ORANGE CITY, FL 32763

New Principal Place of Business:

1435 S. LEAVITT AVE.
#102 & 103
ORANGE CITY, FL 32763

Current Mailing Address:

2487 S VOLUSIA AVE STE 108
ORANGE CITY, FL 32763

New Mailing Address:

1435 S. LEAVITT AVE.
#102 & 103
ORANGE CITY, FL 32763

FEI Number: 65-1201484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GAUSTAD, LINDA L
815 S VOLUSIA AVE STE 1
ORANGE CITY, FL 32763 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: D () Delete
Name: SHOEMAKER, JOHN
Address: 2487 S VOLUSIA AVE STE 108
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: SHOEMAKER, MARGARET
Address: 2487 S VOLUSIA AVE STE 108
City-St-Zip: ORANGE CITY, FL 32763

Title: D () Delete
Name: CASE, RICHARD
Address: 2487 S VOLUSIA AVE STE 108
City-St-Zip: ORANGE CITY, FL 32763

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SHOEMAKER, JOHN
Address: 1435 S. LEAVITT AVE #103
City-St-Zip: ORANGE CITY, FL 32763 US

Title: SEC. (X) Change () Addition
Name: SHOEMAKER, MARGARET
Address: 1435 S. LEAVITT AVE. #103
City-St-Zip: ORANGE CITY, FL 32763 US

Title: V.P. (X) Change () Addition
Name: CASE, RICHARD
Address: 1435 S. LEAVITT AVE. #103
City-St-Zip: ORANGE CITY, FL 32763 US

Title: V.P. () Change (X) Addition
Name: LATRONICA, JOHN
Address: 529 CABOOSE DR.
City-St-Zip: QUAKERTOWN, PA 18951 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN SHOEMAKER

PRES

08/29/2005

Electronic Signature of Signing Officer or Director

_____ Date