

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119796

FILED  
Mar 05, 2007  
Secretary of State

Entity Name: MEDCON INTERNATIONAL CONSTRUCTORS INCORPORATED

**Current Principal Place of Business:**

1025 BRIARWOOD AVENUE  
TAMPA, FL 336131536 US

**New Principal Place of Business:**

**Current Mailing Address:**

1025 BRIARWOOD AVENUE  
TAMPA, FL 336131536 US

**New Mailing Address:**

FEI Number: 59-3293196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAWSON, DAVID W  
1025 BRIARWOOD AVENUE  
TAMPA, FL 336131536 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTSD ( ) Delete  
Name: LAWSON, DAVID W  
Address: 1025 BRIARWOOD AVENUE  
City-St-Zip: TAMPA, FL 33613

Title: VP ( ) Delete  
Name: LAWSON, JACQUES D  
Address: 1025 BRIARWOOD AVENUE  
City-St-Zip: TAMPA, FL 336131536

Title: S ( ) Delete  
Name: LAWSON, MARC A  
Address: 1025 BRIARWOOD AVENUE  
City-St-Zip: TAMPA, FL 336131536 US

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

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

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

Title: VP (X) Change ( ) Addition  
Name: FERRY, SCOTT C  
Address: 12628 BRAMFIELD DRIVE  
City-St-Zip: RIVERVIEW, FL 33569

Title: VP (X) Change ( ) Addition  
Name: FERRY, CHRISTINE E  
Address: 12628 BRAMFIELD DR  
City-St-Zip: RIVERVIEW, FL 33569 US

Title: VP ( ) Change (X) Addition  
Name: LAWSON, JACQUES D  
Address: 1025 BRIARWOOD AVE  
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVIDW.LAWSON

PTSD

03/05/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date