

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000119796

FILED
Mar 22, 2009
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 (X)

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: FERRY, SCOTT C
Address: 12628 BRAMFIELD DRIVE
City-St-Zip: RIVERVIEW, FL 33569

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DAVID W. LAWSON

PTSD

03/22/2009

Electronic Signature of Signing Officer or Director

_____ Date