2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2009
Secretary of State

DOCUMENT# P04000026965

Entity Name: LEYCON INCORPORATED

Current Principal Place of Business:

2225 OLYMPIA FIELD ST
MASCOTTE, FL 34753

New Principal Place of Business:

719 ALPINE ST
MASCOTTE, FL 34753

Current Mailing Address:

2225 OLYMPIA FIELD ST
MASCOTTE, FL 34753

New Mailing Address:

719 ALPINE ST
MASCOTTE, FL 34753

FEI Number: 20-0705396 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONTRERAS, ELEAZAR
2225 OLYMPIA FIELD ST
MASCOTTE, FL 34753 US

Name and Address of New Registered Agent:

CONTRERAS, ELEAZAR
719 ALPINE ST
MASCOTTE, FL 34753 US

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: ELEAZAR CONTRERAS 06/17/2009
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: P ( ) Delete
Name: CONTRERAS, ELEAZAR
Address: 2225 OLYMPIA FIELD ST
City-St-Zip: MASCOTTE, FL 34753

Title: VP ( ) Delete
Name: NIETO, PEDRO
Address: 1536 TIVERTON BLVD
City-St-Zip: WINTER GARDEN, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CONTRERAS, ELEAZAR
Address: 719 ALPINE ST
City-St-Zip: MASCOTTE, FL 34753

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: ELEAZAR CONTRERAS P 06/17/2009
Electronic Signature of Signing Officer or Director Date