

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 26, 2007 08:00 AM  
Secretary of State

DOCUMENT # P04000131676

1. Entity Name  
BARCON, INC.



Principal Place of Business  
405 HOLMAN ROAD  
CAPE CANAVERAL, FL 32920

Mailing Address  
405 HOLMAN ROAD  
CAPE CANAVERAL, FL 32920



04232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-2753009

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KANCILIA, JOHN R  
1800 WEST HIBISCUS BOULEVARD  
SUITE 138  
MELBOURNE, FL 32901

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
YOUNG, WILLIAM M  
405 HOLMAN ROAD  
CAPE CANAVERAL, FL 32920

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GEORGE, ROBERT C  
153 PEREGRINE DR  
INDIALANTIC, FL 32903

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
GEORGE, MEREDITH J  
153 PEREGRINE DR  
INDIALANTIC, FL 32903

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000734941  
05/10/07-80014-009 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.23.07

Date

321-403-3941

Daytime Phone #