

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000168813

1. Entity Name
TRECON SUPPLY, INC.



Principal Place of Business
**880 US HWY 301 S
BALDWIN, FL 32234 US**

Mailing Address
**PO BOX 548
BALDWIN, FL 32234 US**



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2024409

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STOKES, TEREAL
P O BOX 206
BRYCEVILLE, FL 32009**

**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 reinstating)

DATE
03/20/07

03/20/07-80020-015 150.00

**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
**D
STOKES, TEREAL
PO BOX 206
BRYCEVILLE, FL 32009**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROCK, L. WALDO
7735 OLD NURSERY RD.
MACCLENNEY, FL 32063**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

March 7, 2007

Date

904-591-4759

Daytime Phone #