

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90023 036 ***158.75

DOCUMENT # P05000149833

1. Entity Name
T-CON GROUP, INC.



Principal Place of Business
**1000 PALM COAST PKWY SW
SUITE # 202
PALM COAST, FL 32137**

Mailing Address
**138 PALM COAST PKWY
#158
PALM COAST, FL 32137**

50004439



2. Principal Place of Business
**1000 Palm Coast PKWY SW
Suite, Apt. #, etc.
Suite # 202**

3. Mailing Address
**138 Palm Coast PKWY
Suite, Apt. #, etc.
158**

02082006 Chg-P CR2E034 (11/05)

City & State
Palm Coast, FL
Zip
32137
Country
USA

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Palm Coast, FL
Zip
32137
Country
USA

4. FEI Number
04-3832785
Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SCAGLIONE, THOMAS M
1000 PALM COAST PKWY SW
SUITE # 202
PALM COAST, FL 32137**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SCAGLIONE, THOMAS M**
STREET ADDRESS **1000 PALM COAST PKWY SW SUITE # 202**
CITY-ST-ZIP **PALM COAST, FL 32137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Thomas M. Scaglione **Thomas M. Scaglione** **2/8/06** **1599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

352-266-