2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P30425

1. Entity Name
STALCON, INC.

Principal Place of Business
1048 FLORIDA BLVD
BATON ROUGE, LA 70802

Mailing Address
1048 FLORIDA BLVD
BATON ROUGE, LA 70802

01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1170042
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FIFE, JOHN H
10609 HWY 39 NORTH
COUNTY LINE RD
PLANT CITY, FL 33564

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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

100000420311
02/16/06-80016-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	KNOST, HOMER
STREET ADDRESS	RT. 1 BOX 215
CITY-ST-ZIP	CLINTON, LA
TITLE	P
NAME	FIFE, JOHN H
STREET ADDRESS	1860 OLD PLANTATION LANE
CITY-ST-ZIP	BATON ROUGE, LA 70806
TITLE	S
NAME	SMITH, EVELYN N
STREET ADDRESS	1048 FLORIDA BLVD.
CITY-ST-ZIP	BATON ROUGE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: John H. Fife 1-31-06 225-343-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #