


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007 08:00 AM
Secretary of State

DOCUMENT # P30425 1. Entity Name STALCON, INC.	
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Principal Place of Business 1048 FLORIDA BLVD BATON ROUGE, LA 70802	Mailing Address 1048 FLORIDA BLVD BATON ROUGE, LA 70802
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01252007 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 <input type="checkbox"/> \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000658692
 03/15/07-80048-007 150.00

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	

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 another like empowered.

SIGNATURE: *John H. Fife* **John H. Fife** **President** **1/25/07** **225-343-0500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #