


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 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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02192008 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when remaining) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	C KNOST, HOMER RT. 1 BOX 215 CLINTON, LA
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P FIFE, JOHN H 1860 OLD PLANTATION LANE BATON ROUGE, LA 70806
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S SMITH, EVELYN N 1048 FLORIDA BLVD. 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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 04/02/08-80035-015 150.00

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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 an other like empowered.

SIGNATURE:  **John H. Fife** 3/12/08 225-343-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #