

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P30425

Entity Name: STALCON, INC.

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1048 FLORIDA BLVD  
BATON ROUGE, LA 70802

**New Principal Place of Business:**

**Current Mailing Address:**

1048 FLORIDA BLVD  
BATON ROUGE, LA 70802

**New Mailing Address:**

FEI Number: 72-1170042

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: KNOT, HOMER  
Address: RT. 1 BOX 215  
City-St-Zip: CLINTON, LA

Title: P  
Name: FIFE, JOHN H  
Address: 1860 OLD PLANTATION LANE  
City-St-Zip: BATON ROUGE, LA 70806

Title: S  
Name: SMITH, EVELYN N  
Address: 1048 FLORIDA BLVD.  
City-St-Zip: BATON ROUGE, FL

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN H. FIFE

PRES

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date