

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000014827

Entity Name: EXECUCON, INC.

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

344 PARK SQUARE PLACE  
MATTHEWS, NC 28105

**New Principal Place of Business:**

**Current Mailing Address:**

344 PARK SQUARE PLACE  
MATTHEWS, NC 28105

**New Mailing Address:**

FEI Number: 65-0390108

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BOLLIER, JON  
1500 UNIVERSITY DRIVE  
SUITE 208  
CORAL SPRINGS, FL 33071 US

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

BOLLIER, JON  
8533 NW 11TH STREET  
CORAL SPRINGS, FL 33071 US

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

04/16/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: TURNER, ROBERT A  
Address: 344 PARK SQUARE PLACE  
City-St-Zip: MATTHEWS, NC 28105

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT A. TURNER

Electronic Signature of Signing Officer or Director

P

04/16/2009

Date