

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000009449

1. Entity Name
FYCON PROPERTIES, INC.



Principal Place of Business

1320-26TH STREET
ORLANDO, FL 32805

Mailing Address

PO BOX 0550860
ORLANDO, FL 32855-0860 US

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3362238

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIULIANO, JAMES A
1320 26TH STREET
ORLANDO, FL 32805

**DO NOT WRITE
IN THIS SPACE**

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	SINGLETON, GEORGE J
STREET ADDRESS	416 MACEWEN DRIVE
CITY-STATE-ZIP	OSPREY, FL 34229
TITLE	TS
NAME	GIULIANO, JAMES A
STREET ADDRESS	2290 BLOSSOMWOOD DR.
CITY-STATE-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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02/17/04-80013-004 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

James A. Giuliano

James A. Giuliano

2/6/04

407-422-3051

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #