


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P94000042203 1. Entity Name ENGECON, INC.	
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Principal Place of Business 9872 ROYAL CARDIGAN WAY WEST PALM BEACH, FL 33411	Mailing Address 9872 ROYAL CARDIGAN WAY WEST PALM BEACH, FL 33411
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**DO NOT WRITE IN THIS SPACE**



01202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0620702	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  WAITE, ROBERT G 9872 ROYAL CARDIGAN WAY WEST PALM BEACH, FL 33411	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WAITE SARRION, LOURDES 9872 ROYAL CARDIGAN WAY WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WAITE, ROBERT G. 9872 ROYAL CARDIGAN WAY WEST PALM BEACH, FL 33411
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02/09/04-80073-019 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Loures Sarrion Waite Loures SARRION Waite 2/4/04 561-7531467  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #