

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90019 025 ***158.75

DOCUMENT # P94000068259	
1. Entity Name MULTI-CON ENTERPRISES, INC.	

Principal Place of Business 116 ORIENTA DR. ALTAMONTE SPRINGS FL 32701	Mailing Address 116 ORIENTA DR. ALTAMONTE SPRINGS FL 32701
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent PHILLIPS, THOMAS G 116 ORIENTA DR. ALTAMONTE SPRINGS FL 32701		7. Name and Address of New Registered Agent Name PHILLIPS, MICHELE G. Street Address (P.O. Box Number is Not Acceptable) 116 ORIENTA DR. City ALTAMONTE SPRINGS FL Zip Code 32701	
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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 Michele G Phillips DATE 2/19/08
Signature, typed or printed name of registered agent and state, if applicable. (NOTE: Registered Agent signature required when submitting)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PHILLIPS, THOMAS GRAHAM 116 ORIENTA DR. ALTAMONTE SPRINGS FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC-TREASURER PHILLIPS, MICHELE GOLD 116 ORIENTA DR. ALTAMONTE SPRINGS, FL. 32701 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHILLIPS, NATHAN R 116 ORIENTA DR ALTAMONTE SPRINGS FL 32701 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: THOMAS G. PHILLIPS 2/19/08 (407)-831-1938
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #