

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90398 006 ***150.00

DOCUMENT # P94000088624

1. Entity Name
SARCON CORPORATION



Principal Place of Business
**1515 RINGLING BLVD
SUITE 890
SARASOTA, FL 34236**

Mailing Address
**C/O LARRY GEIMER
1515 RINGLING BLVD SUITE 890
SARASOTA, FL 34236**

50007971



2. Principal Place of Business

1990 Main St

Suite, Apt. #, etc.

Suite 801

City & State

3. Mailing Address

1990 Main St.

Suite, Apt. #, etc.

Suite 801

City & State

01112006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3288707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HENDRICKSON, ROBERT W III
1206 MANATEE AVE. W.
BRADENTON, FL 34205**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
ST
SISKIND, ROBERT G ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
**STE 303, 252 PALL MALL ST
LONDON, ONTARIO, CA N6A-P6**

TITLE
NAME
V
SAMAHA, STEVEN M ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
**201 N FRANKLIN STREET, SUITE 2200
TAMPA, FL 33602**

TITLE
NAME
DP
SISKIND, ROCHELLE M ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
**252 PALL MALL STREET, #303
LONDON, ONTARIO, CANADA, N6A-P6**

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
233 Hyman St. ☐ Change ☐ Addition
N6A 1N6

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
233 Hyman St ☐ Change ☐ Addition
N6A 1N6

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 Chapter 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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. SISKIND, Secretary.

Mar 28/06 **(519) 672-1585**
Date Daytime Phone #