


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90058 001 \*\*\*150.00

<b>DOCUMENT # P94000088624</b> 1. Entity Name <b>SARCON CORPORATION</b>					
Principal Place of Business <b>1990 MAIN ST SUITE 801 SARASOTA, FL 34236</b>			Mailing Address <b>1990 MAIN ST SUITE 801 SARASOTA, FL 34236</b>		
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	4. FEI Number <b>59-3288707</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HENDRICKSON, ROBERT W III</b> <del>1206 MANATEE AVE. W.</del> <del>BRADENTON, FL 34205</del> <b>7051 Manatee Ave. W.</b> <b>Bradenton, FL, 34209-0599</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>SISKIND, ROBERT G</b> <b>233 HYMAN ST</b> <b>LONDON, ONTARIO, CA n6a1n6</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SAMAH, STEVEN M</b> <b>201 N FRANKLIN STREET, SUITE 2200</b> <b>TAMPA, FL 33602</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SISKIND, ROCHELLE M</b> <b>233 HYMAN ST</b> <b>LONDON, ONTARIO, CA n6a1n6</b>		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.					
<b>SIGNATURE:</b> _____ <b>Mar 17, 2008.</b> <b>519-672-1585</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					
<b>ROBERT G. SISKIND, SECRETARY.</b>					

