2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/17/2007-90041-008-$550.00-$550.00

FILED
07 JUN 25 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000035861

1. Entity Name
COMCON, INC.

Principal Place of Business	Mailing Address
1955 FOX HOLLOW DR. E AUBURNDALE, FL 33823	1955 FOX HOLLOW DR. E AUBURNDALE, FL 33823

01052007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
24 N. BUMBY AVE	24 N. BUMBY AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32803 Country: US	Zip: 32803 Country: US

4. FEI Number: 65-0747349 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRISON, MARCIA J 1955 FOX HOLLOW DR. E AUBURNDALE, FL 33823	Name: CHARLES S. SCOTT Street Address (P.O. Box Number is Not Acceptable): 24 N. BUMBY AVE City: ORLANDO FL Zip Code: 32803

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: Charles S Scott CHARLES S. SCOTT 1/9/07
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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRISON, MARCIA J 1955 FOX HOLLOW DR. E AUBURNDALE, FL 338234712	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 9170 WEST MILES ROAD CHEBOYGAN, MI 49721
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T<br~~TERRY HARRISON~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TERRY HARRISON 9170 WEST MILES ROAD CHEBOYGAN, MI 49721 ☐ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	B 6/27/07	☐ 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 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 like empowered.

SIGNATURE: MARCIA J. HARRISON 5/14/07 407 234-8003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #