2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000039987

1. Entity Name
LEACON, INC.

Principal Place of Business	Mailing Address
1975 WELLS ROAD ORANGE PARK, FL 32073	1975 WELLS ROAD ORANGE PARK, FL 32073

01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3522233
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FALLAR, SCOTT W
8375 DIX ELLIS TRAIL STE 401
JACKSONVILLE, FL 32256

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000790239
01/23/08-80027-015 150.00

10.	OFFICERS AND DIRECTORS
TITLE	DP
NAME	CONE, JR, EDDIE D
STREET ADDRESS	4366 RICHMOND PARK DR E.
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	DTV
NAME	LEAKE, DARRELL
STREET ADDRESS	306B OCEANFRONT
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE	DS
NAME	CONE, VALERIE J
STREET ADDRESS	4366 RICHMOND PARK DR E.
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: E D Cone Jr Pres 1-11-08 904-223-5855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #