


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 19, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000052276  
 1. Entity Name  
 KINCON, INC.



Principal Place of Business 7338 SE 12TH CIRCLE OCALA, FL 34480	Mailing Address 107 NE 1ST AVE OCALA, FL 34470
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**DO NOT WRITE IN THIS SPACE**



02142007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3517906	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SHANKIN, DAVID L  
 7338 SE 12TH CIRCLE  
 OCALA, FL 34480

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CONOMAS, GEORGE 2375 SE 73RD LOOP OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHANKIN, DAVID L 7338 SE 12TH CIRCLE OCALA, FL 34480
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 03/28/07-80016-004 158.75

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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:  **DAVID L. SHANKIN**  **(352)624-3988**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #