

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000038628	
1. Entity Name ENCON INTERNATIONAL, INC.	

Principal Place of Business 151 VILLA DI ESTE TERR #113 LAKE MARY, FL 32746	Mailing Address 151 VILLA DI ESTE TERR #113 LAKE MARY, FL 32746
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DO NOT WRITE IN THIS SPACE

02072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3571911	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WILLITS, CHARLES W
1407 EAST ROBINSON STREET
ORLANDO, FL 32801-2118**

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

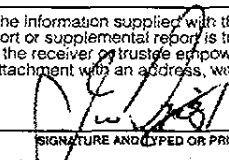
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	000000050649 02/16/04-80015-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO PRIEST, JOHN W 151 VILLA DI ESTE TERR #113 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLITS, CHARLES W 1407 EAST ROBINSON STREET ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHALKIND, LEONARD S 2600 SOUTH GESSNER STE 506 HOUSTON, TX 77063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COPLEAND, JAMES H III 4212 GRANT BLVD ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, MARK R 2 SOUTH BRIAR HOLLOW LN #6 HOUSTON, TX 77027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **JOHN W. PRIEST** **2/6/04** **407-833-9970**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #