


FROM : JAMES M. BARNETT, P. A.

FAX NO. :

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90126 008 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # S10147</b> 1. Entity Name GLOBE-CON INTERNATIONAL, INC.	
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40065843

Principal Place of Business P. O. BOX 448 SARASOTA, FL 34230-0448	Mailing Address P. O. BOX 448 SARASOTA, FL 34230-0448
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**DO NOT WRITE IN THIS SPACE**

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0222677	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MCDERMOTT, MICHAEL J  
791 WEST LUMSDEN ROAD  
SUITE 101  
BRANDON, FL 33511

**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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	PD BORDAS, FRANK D. JR. P.O. BOX 448 1701 Gulf of Mexico Dr. #204 SARASOTA, FL 34230 Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BORDAS, SUSAN J. P.O. BOX 448 1701 Gulf of Mexico Dr. #204 SARASOTA, FL 34230 Longboat Key, FL 34228
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: Susan J. Bordas SUSAN J. Bordas 4-21-05 941-383-2506  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Phone #