## 2008 FOR PROFIT CORPORÂTION ANNUAL REPORT

**DOCUMENT # S10147** 

GLOBE-CON INTERNATIONAL, INC.



**FILED** Mar 03, 2008 08:00 A Secretary of State

Principal Place of Business

7 E SILVER SPRINGS BLVD OCALA, FL 34478

Mailing Address

7 E SILVER SPRINGS BLVD OCALA, FL 34478



02252008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0222677 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO, NOT WRITE IN THIS SPACE

BORDAS, FRANK DJR. 1701 GULF OF MEXICO DRIVE #204 LONGBOAT KEY, FL 34228

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purions of registered agent.	rpose of changing its register	red office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and acce
SIGNATURE	Signature, typed or printed name of registered agent and little il a	pplicable (NOTE: Registers	ed Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		000000844780 03/13/08-80012-021 150.00
10. OFFICERS AND DIRECTORS			24.1	
TITLE	PD -			
NAME	BORDAS, FRANK D. JR.		7 . 4 . 5	
STREET ADDRESS	1701 GULF OF MEXICO DR. #204			•
C:TY-ST-ZIP	LONGBOAT KEY, FL 34228			
TITLE	STD			
NAME	BORDAS, SUSAN J.			•
STREET ADDRESS	1701 GULF OF MEXICO DR. #204		:	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228		*	`
TITLE			ì	
NAME				
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NAME				•

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 typice 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME -STREET ADDRESS CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR