

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # S22305

1. Entity Name
BASCON, INC.



Principal Place of Business
**3106 LAKE ELLEN DRIVE
TAMPA, FL 33618**

Mailing Address
**3106 LAKE ELLEN DRIVE
TAMPA, FL 33618**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3045420

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**STERN, BORIS A
3106 LAKE ELLEN DRIVE
TAMPA, FL 33618**

**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 _____

**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**

000000116506

04/16/04-80068-010 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **STERN, BORIS A**
STREET ADDRESS **3106 LAKE ELLEN DR**
CITY-ST-ZIP **TAMPA, FL**

TITLE **D**
NAME **STERN, MARGERY S**
STREET ADDRESS **3106 LAKE ELLEN DR**
CITY-ST-ZIP **TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04
Date

813 961-3212
Daytime Phone #

BORIS A. STERN