


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90027 026 ***150.00

DOCUMENT # S51811	
1. Entity Name PRE-CON PROPERTIES, INC.	

Principal Place of Business 1219 US HWY 301 N A TAMPA, FL 33619 US	Mailing Address 1219 US HWY 301 N A TAMPA, FL 33619 US
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40070101



01222008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3182755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TURBEVILLE, DEWEY <i>CARR, DAVID M</i> 1219 US HWY 301 NORTH SUITE A TAMPA, FL 33619 <i>501 NORTH MORGAN STREET</i> <i>SUITE 203</i> <i>TAMPA, FLORIDA 33602</i>

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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TURBEVILLE, DEWEY 626 GIANT OAK RD. LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FRIEND, LEWIS 15158 EVANS RANCH ROAD LAKELAND, FL 33809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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: <i>Lewis C. Friend DVP</i>	Date: <i>4/3/08</i>	Daytime Phone #: <i>8136262545</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		