

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S51811

FILED
Feb 19, 2009
Secretary of State

Entity Name: PRE-CON PROPERTIES, INC.

Current Principal Place of Business:

1219 US HWY 301 N
A
TAMPA, FL 33619 US

New Principal Place of Business:

1219 US HWY 301 NORTH
SUITE A
TAMPA, FL 33619 US

Current Mailing Address:

1219 US HWY 301 N
A
TAMPA, FL 33619 US

New Mailing Address:

1219 US HWY 301 NORTH
SUITE A
TAMPA, FL 33619 US

FEI Number: 59-3182755

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, DAVID M
501 NORTH MORGAN STREET
STE. 203
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TURBEVILLE, DEWEY
Address: 626 GIANT OAK RD.
City-St-Zip: LAKELAND, FL 33810

Title: DVP () Delete
Name: FRIEND, LEWIS
Address: 15158 EVANS RANCH ROAD
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEWEY TURBEVILLE

DP

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date