

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000056855

**Entity Name:** FOWCON INC.

**Current Principal Place of Business:**

6089 JOHNS RD  
STE 9  
TAMPA, FL 33634

**Current Mailing Address:**

P.O. BOX 262184  
TAMPA, FL 33685 US

**FEI Number:** 82-2103837

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIBEIRO DA SILVA, ADRIELE  
6089 JOHNS RD  
STE 9  
TAMPA, FL 33634 US

*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:** ADRIELE RIBEIRO DA SILVA

04/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name RIBEIRO DA SILVA, ADRIELE  
Address 4012 HUDSON LN  
City-State-Zip: TAMPA FL 33618

*I hereby 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 all other like empowered.*

**SIGNATURE:** ADRIELE RIBEIRO DA SILVA

OWNER

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date