


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000084839
 1. Entity Name
 CONCEPT 2000 PROFESSIONAL EMPLOYERS, INC.



| | |
|---|---|
| Principal Place of Business 3250 NORTH 29TH AVE #200 HOLLYWOOD, FL 33020 | Mailing Address 3250 NORTH 29TH AVE #200 HOLLYWOOD, FL 33020 |
|---|---|



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 65-0454000 | 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
 JACOBY, CHARLES E
 3250 NORTH 29TH AVE
 HOLLYWOOD, FL 33020

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD JACOBY, CHARLES 4958 SW 88 STREET CORAL GABLES, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SHELDON, HARVEY A 18142 NW 15TH CT PEMBROKE PINES, FL 33029 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FLOYD, CHARLOTTE 16475 NE 32 AVE NORTH MIAMI, FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HEMPHILL, CHARLES 22917 OLD INLET BRIDGE DRIVE BOCA RATON, FL 33433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OLIVIERI, TODD 1145 LIDFLOWER STREET HOLLYWOOD, FL 33019 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/21/05-80062-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Charles Jacoby 954-853-0026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #