


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 459148
 1. Entity Name
 FINANCIAL CONCEPTS, INC.



Principal Place of Business 1318 OAK ST MELBOURNE, FL 32901 US	Mailing Address PO BOX 1068 MELBOURNE, FL 32902 US
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DO NOT WRITE IN THIS SPACE

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03032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1544828	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

NEWTON, SHEILA D
 1318 OAK ST
 MELBOURNE, FL 32901

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WARREN, DAVID D
STREET ADDRESS	7968 TIMBERLAKE DRIVE
CITY-ST-ZIP	MELBOURNE, FL
TITLE	PCEO
NAME	SHEILA D NEWTON
STREET ADDRESS	2201 REDWOOD AVE
CITY-ST-ZIP	MELBOURNE BEACH, FL 32951
TITLE	ST
NAME	WARREN, BONNIE JEAN
STREET ADDRESS	7968 TIMBERLAKE DRIVE
CITY-ST-ZIP	MELBOURNE, FL
TITLE	VP
NAME	BROWN, BETHANY M
STREET ADDRESS	19220 SW 129TH COURT
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/19/04-80005-025 150.00

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: Sheila D. Newton Sheila D. Newton 03.17.04 321.951.223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #