

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F07000001414

1. Entity Name
CONCORD EASTRIDGE, INC.



Principal Place of Business
5685 N SCOTTSDALE RD
150
SCOTTSDALE, AZ 85250

Mailing Address
5685 N SCOTTSDALE RD
150
SCOTTSDALE, AZ 85250

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05152008

Chg-P

CR2E034 (12/06)

4. FEI Number

20-0705322

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STARKEY, CRAIG MR
401 W COLONIAL DR STE 2
ORLANDO, FL 32804

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ARNOLD, R. JEFFREY
STREET ADDRESS 5685 N SCOTTSDALE RD STE 150
CITY-ST-ZIP SCOTTSDALE, AZ 85250

TITLE D ☐ Delete
NAME EASTRIDGE, SUSAN H
STREET ADDRESS 5685 N SCOTTSDALE RD 150
CITY-ST-ZIP SCOTTSDALE, AZ 85250

TITLE S ☒ Delete
NAME KELLER, LYND A
STREET ADDRESS 5685 N SCOTTSDALE RD STE150
CITY-ST-ZIP SCOTTSDALE, AZ 85250

TITLE ☐ Delete
NAME *[Signature]*
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME ARNOLD, R. JEFFREY
STREET ADDRESS 5685 N. SCOTTSDALE RD, STE 150
CITY-ST-ZIP SCOTTSDALE, AZ 85250

TITLE ☐ Change ☐ Addition
NAME 300121001093
STREET ADDRESS 06/06/08-01037-010 **61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Susan H. Eastridge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN H. EASTRIDGE, DIRECTOR

5/29/08

Date

877-850-5070

Daytime Phone #

FILED

08 JUN -5 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

