

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90251 002 \*\*\*150.00

**DOCUMENT # F98000001603**

1. Entity Name  
**CONCORDE GAMING CORPORATION**



Principal Place of Business  
**3290 LIEN STREET  
RAPID CITY, SD 57702**

Mailing Address  
**3290 LIEN STREET  
RAPID CITY, SD 57702**

**94075549**



04232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>84-0716683</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**HUDSON, III, PHILLIP M.  
LUCIO BRONSTEIN GARBETT STIPHANY & ALLEN  
BRICKELL BYVW CTR. STE 3100 80 SW 8TH ST.  
MIAMI, FL 33130**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 NAME STREET ADDRESS CITY-ST-ZIP	PD BAUM, JERRY L 3290 LIEN STREET RAPID CITY, SD 57702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LIEN, BRUCE H 3290 LIEN STREET RAPID CITY, SD 57702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIEN, DEANNA B 3290 LIEN STREET RAPID CITY, SD 57702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/04**

Date

**605-3447738**

Daytime Phone #