

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L40219

1. Entity Name
CONCIRE CENTERS, INC.



Principal Place of Business

411 COMMERCIAL CT.

STE E

VENICE, FL 34292 US

Mailing Address

411 COMMERCIAL CT.

STE E

VENICE, FL 34292 US



04042008

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2982878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BINGHAM, JAMES H.
411 COMMERCIAL CT.
STE E
VENICE, FL 34292

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000882361

04/16/08 00038 007 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BINGHAM, JAMES H.
STREET ADDRESS 411 COMMERCIAL CT., STE E
CITY-ST-ZIP VENICE, FL 34292

TITLE VD
NAME OAKLEY, THOMAS E.
STREET ADDRESS 101 ABC ROAD
CITY-ST-ZIP LAKE WALES, FL

TITLE ST
NAME OAKLEY, THOMAS E.
STREET ADDRESS 101 ABC ROAD
CITY-ST-ZIP LAKE WALES, FL

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 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 or without other like empowered.

SIGNATURE:

James H. Bingham

4/8/08

941-488-0270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #