

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000032514

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** CONCEPT INT'L, INC.

**Current Principal Place of Business:**

11825 ISLAND LAKES LANE  
BOCA RATON, FL 334986820 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 970835  
BOCA RATON, FL 334970835 US

**New Mailing Address:**

**FEI Number:** 65-0997286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WRAY, LEOPOLD S.G.  
11825 ISLAND LAKES LANE  
BOCA RATON, FL 334986820 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** WRAY, MAUREEN M  
**Address:** 11825 ISLAND LAKES LANE  
**City-St-Zip:** BOCA RATON, FL 334986820 US

**Title:** VPD  
**Name:** WRAY, LEOPOLD S.G.  
**Address:** 11825 ISLAND LAKES LANE  
**City-St-Zip:** BOCA RATON, FL 334986820 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LEOPOLD S. G. WRAY

VPD

04/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date