

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000079658

FILED
Oct 03, 2007
Secretary of State

Entity Name: CONCEPTS INSURANCE AGENCY, INC.

Current Principal Place of Business:

755 RINEHART RD
SUITE 250A
LAKE MARY, FL 32746

New Principal Place of Business:

755 RINEHART RD
SUITE 250
LAKE MARY, FL 32746

Current Mailing Address:

PO BOX 953393
LAKE MARY, FL 327953399

New Mailing Address:

PO BOX 162879
ALTAMONTE SPRINGS, FL 327162879

FEI Number: 59-3665677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KONKOLESKI, ROBERTA
755 RINEHART RD
SUITE 250A
LAKE MARY, FL 34746 US

Name and Address of New Registered Agent:

KONKOLESKI, ROBERTA
755 RINEHART RD
SUITE 250
LAKE MARY, FL 34746 US

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

10/03/2007

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KONKOLESKI, ROBERTA
Address: 755 RINEHART RD, STE 250A
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KONKOLESKI, ROBERTA
Address: 755 RINEHART RD, STE 250
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERTA KONKOLESKI

D

10/03/2007

Electronic Signature of Signing Officer or Director

Date