2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 02, 2004 08:00 AM DOCUMENT # P01000044598 Secretary of State 1. Entity Name CONCESSION CONCEPTS UNLIMITED, INC. Principal Place of Business Mailing Address 2811 ROCHELLE LANE 2811 ROCHELLE LANE DELAND FL 32724 DELAND FL 32724 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 59-3732582 Not Applicable Ζιρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OCCIANO, ELLA 2811 ROCHELLE LANE DELAND FL 32724 Street Address (P.O. Box Number is Not Acceptable) City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change UQ00000024028 NAME OCCIANO, SYLVESTER NAME 02/02/04-80049-012 150.00 STREET ADDRESS 2811 ROCHELLE LANE STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME OCCIANO, ELLA NAME STREET ADDRESS 2811 ROCHELLE LANE STREET ADDRESS DELAND FL 32724 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.