

2006 FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000057325	
1. Entity Name CONCIERGEFLORIDA, INC.	

Principal Place of Business 695B SOUTH COURTENAY PKWY MERRITT ISLAND, FL 32952	Mailing Address 695B SOUTH COURTENAY PKWY MERRITT ISLAND, FL 32952 US
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02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0704760	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCGINLEY, NANCY C 695B SOUTH COURTENAY PKWY MERRITT ISLAND, FL 32952
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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 renewing) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	04/10/06-80039-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALEGUAS, SALVADOR JR 695B SOUTH COURTENAY PKWY MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGINLEY, NANCY C 329 COUNTRY WALK DR. MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **2-21-06 321 453-32**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #