2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State
04-30-2004 90355 043 ***158.75

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04192004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000088919

1. Entity Name
THE CONCORDE GROUP, INC..

Principal Place of Business	Mailing Address
~~1229 NW FORK RD~~ ~~STUART, FL 34994~~	~~1229 NW FORK RD~~ ~~STUART, FL 34994~~

2. Principal Place of Business	3. Mailing Address
3990 SW. GREENWOOD WAY	SAME
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.:
City & State: PALM CITY	City & State: FLORIDA
Zip: 34990 Country: U.S.	Zip: S Country: MARTIN

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ERNST, ROBERT C~~
~~1229 NW FORK RD~~
~~STUART, FL 34994~~
ROBERT C. ERNST
3990 S.W. GREENWOOD WAY
PALM CITY, FLORIDA
34990 SUITE A

7. Name and Address of New Registered Agent

Name: N/A
Street Address (P.O. Box Number is Not Acceptable)
City FL 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] 4/19/04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROBERT C. ERNST 3990 SW. GREENWOOD WAY #A PALM CITY FLORIDA 34990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing 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 others like empowered.

SIGNATURE: [signature] 4/19/04 772 5704072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #