

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90061 039 ***150.00

DOCUMENT # P03000115412	
1. Entity Name RESIDENTIAL CONCIERGE, INC.	

Principal Place of Business 1428 FAIRWAY OAKS DR CASSELBERRY, FL 32707	Mailing Address 1428 FAIRWAY OAKS DR CASSELBERRY, FL 32707
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24002062



2. Principal Place of Business 4700 MILLENIA BLVD. STE. 175	3. Mailing Address 4700 MILLENIA BLVD. STE. 175
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01152004 Chg-P CR2E034 (10/03)

City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32839	Country USA
Zip 32839	Country USA

4. FEI Number 86-1087910	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROBERTS, DAVID J 1428 FAIRWAY OAKS DR CASSELBERRY, FL 32707	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

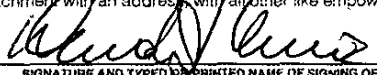
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO ROBERTS, DAVID J 1428 FAIRWAY OAKS DR CASSELBERRY, FL 32707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ZEGELBONE, CHARLES S 8713 THE ESPLANADE, SUITE 3 ORLANDO, FL 32836 ☐ 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	PRESIDENT ELINOR STEELE ZEGELBONE 8713 THE ESPLANADE, SUITE 3 ORLANDO, FL 32836 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 other like empowered.

SIGNATURE:  **DAVID J. ROBERTS** **1/15/04** **407-699-1311**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #