2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 07, 2008 8:00 am Secretary of State DOCUMENT # P04000096253 1. Entity Name 03-07-2008 90045 039 ***150.00 CONCHY MO INC. Principal Place of Business Mailing Address 148 NW 14TH ST. POMPANO BCH FL 33060 148 NW 14TH ST. POMPANO BCH FL 33060 2. Principal Place of Business - No P.O. Box # 3. Mailing Address W. SR 84 adaz W. SR BY ふさみろ Suite, Apt. #, etc. Suite, Apr. #, etc. 1st MOORE CR2E034 (10/07) 348 LOT City & State City & State 4. FEI Number Applied For 90-0190864 T. LAW DENDAUS AUDERDALE, FL Not Applicable \$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 LUMPKIN, ERNEST H. LUMPKIN, ERNEST X H. Street Address (P.O. Box Number is Not Acceptable) うるお w. SR8牛 148 NW 14TH ST. POMPANO BCH FL 33060 348 CINST. LAUDENDALE Zip Code スクろしろ 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, typed or cristed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPVS** TITLE TITLE Delete Addition ADDRESS CHE ONLY LUMPKIN, ERNEST NAME NAME STREET ADDRESS 148 NW 14TH ST. STREET ADDRESS SEE #7 ABOVE POMPANO BCH FL 33060 CITY-ST-ZIP CITY-ST-7IP THE TITLE ☐ Defete Change Addition LUMPKIN, ERNEST ADDRESS CHE ONLY. NAME HAME STREET ADDRESS 148 NW 14TH ST STREET ADDRESS SEE #7 CITY-ST-ZIP POMPANO BCH FL 33060 CITY-ST-7IP ABOVE THE ☐ De ete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ппе ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP TITLE Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is the 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 trudee 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 address, with all other like empowered.

FILED