

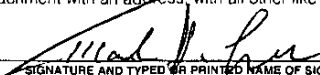


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90297 004 \*\*\*150.00

<b>DOCUMENT # P04000109251</b> 1. Entity Name <b>CONCEALED CARRY CONCEPTS CORP.</b>					
Principal Place of Business <b>1376 MEADOWBROOK DR. WEST PALM BEACH, FL 33417</b>			Mailing Address <b>1376 MEADOWBROOK DR. WEST PALM BEACH, FL 33417</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>51-0523944</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>LEE, MARK 1376 MEADOWBROOK DR. WEST PALM BEACH, FL 33417</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE 				DATE <b>5-6-05</b>	
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LEE, MARK 1376 MEADOWBROOK DR. WEST PALM BEACH, FL 33417		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEE, SCARLETT 1376 MEADOWBROOK DR. WEST PALM BEACH, FL 33417		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC LEE, BARBARA 1376 MEADOWBROOK DR. WEST PALM BEACH, FL 33417		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA LEE, MARK 1376 MEADOWBROOK DR. WEST PALM BEACH, FL 33417		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)		<input type="checkbox"/> Delete		
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: 				DATE <b>5-6-05</b> (561) 214-5115	

50051077



05062005 Chg-P CR2E034 (10/03)

4. FEI Number  
51-0523944

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

FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

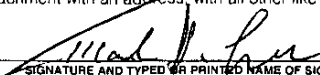
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **5-6-05** (561) 214-5115

Date Daytime Phone #