

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000109251

1. Entity Name
CONCEALED CARRY CONCEPTS CORP.

2



Principal Place of Business
**1376 MEADOWBROOK DR.
WEST PALM BEACH, FL 33417**

Mailing Address
**1376 MEADOWBROOK DR.
WEST PALM BEACH, FL 33417**



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
51-0523944

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LEE, MARK
1376 MEADOWBROOK DR.
WEST PALM BEACH, FL 33417**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000553972
15/15/06-80074-005 158.75

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	LEE, MARK
STREET ADDRESS	1376 MEADOWBROOK DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	VP
NAME	LEE, SCARLETT
STREET ADDRESS	1376 MEADOWBROOK DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	SEC
NAME	LEE, BARBARA
STREET ADDRESS	1376 MEADOWBROOK DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	TREA
NAME	LEE, MARK
STREET ADDRESS	1376 MEADOWBROOK DR.
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

Daytime Phone #