

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2006 8:00 am
Secretary of State

07-13-2006 90024 020 ***150.00

DOCUMENT # P05000059738

1. Entity Name
YOUR CONCIERGE SERVICE, INC



Principal Place of Business
**2402 MANHEIM AVENUE
NORTH PORT, FL 34286**

Mailing Address
**2402 MANHEIM AVENUE
NORTH PORT, FL 34286**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08222006

Chg-P

CR2E034 (11/05)

4. FEI Number
20-2717577

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALES, CLAUDIA
2402 MANHEIM AVENUE
NORTH PORT, FL 34286**

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

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
Due by September 6, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
HALES, CLAUDIA
2402 MANHEIM AVENUE
NORTH PORT, FL 34286** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPTD
HALES, WESLEY
2402 MANHEIM AVENUE
NORTH PORT, FL 34286** ☐ 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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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 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:


Claudia Hales, Director 8/22/06

Date

Daytime Phone #

941-270-1458

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Principal Place of Business 2402 MANHEIM AVENUE NORTH PORT, FL 34286			Mailing Address 2402 MANHEIM AVENUE NORTH PORT, FL 34286		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2717577	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HALES, CLAUDIA 2402 MANHEIM AVENUE NORTH PORT, FL 34286				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSD HALES, CLAUDIA 2402 MANHEIM AVENUE NORTH PORT, FL 34286 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD HALES, WESLEY 2402 MANHEIM AVENUE NORTH PORT, FL 34286 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 02/10/06 (441) 270 1458 <small>Daytime Phone #</small>		
WESLEY HALES, Vice President/Director					

ATTACHMENT
66023499



01162006 Chg-P CR2E034 (11/05)

ATTACHMENT
66023499



BOONE, BOONE, BOONE, KODA & FROOK, P.A.

LAW OFFICES

P. O. BOX 1596

VENICE, FLORIDA 34284

ESTABLISHED 1956

August 22, 2006

E.G. (DAN) BOONE
JEFFERY A. BOONE
STEPHEN K. BOONE
JOHN S. KODA
MARGARET (PEGGY) S. FROOK

JAMES T. COLLINS, LAND PLANNER
(NOT A MEMBER OF THE FLORIDA BAR)

STREET ADDRESS:
1001 AVENIDA DEL CIRCO 34285
TELEPHONE (941) 488-6716
FAX (941) 488-7079
e-mail: adm@boone-law.com

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

P05800059738

Re: **Your Concierge Service, Inc.**

Dear Administrators:

On July 11, 2006, via **Federal Express**, we sent the above corporation's 2006 Annual Report with a letter from attorney Stephen K. Boone, Esq. and our law firm's check for \$150.00 for the filing fee. I called your office today via long distance checking to see why the previous 2006 Annual Report we sent for the above corporation had not been filed. I was told that the Annual Report was sent back to our clients, Claudia and Wesley Hales of Your Concierge Service, because it was lacking an **FEI Number**. In checking with our clients today, they told me they **did not** receive the Annual Report with your request.

To clarify this matter, we asked Mrs. Hales to come into our office today to sign a new 2006 Annual Report. It is enclosed with this letter. We are also enclosing a copy of the former 2006 Annual Report we sent you, and have filled in the FEI number, however, we presume you will to file want to file an original 2006 Annual Report.

Please file this Annual Report at your earliest convenience. If you have any questions, please do not hesitate to contact us. We will be checking this matter on the internet.

Thank you for your assistance with this matter. Kind regards.

Very truly yours,

Barbara J. Strode, CP

Barbara J. Strode, CP

Certified Paralegal

For Stephen K. Boone, Esq.

bjs

Enclosures

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