

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P06000069833	
1. Entity Name 1-877-LE CONCIERGE, INC.	
	
Principal Place of Business 726 CYPRESS CROSSING TRAIL ST. AUGUSTINE, FL 32095 US	Mailing Address 1835 U.S. 1 SOUTH SUITE 119-309 ST. AUGUSTINE, FL 32084 US



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3932495	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

TESORI, JENNIFER
726 CYPRESS CROSSING TRAIL
ST. AUGUSTINE, FL 32095

**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, 2008 Fee will be \$550.00

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

000000852306
03/26/08-80024-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOCHEVAR, JENNIFER 654 HANNAH PARK LANE ST. AUGUSTINE, FL 32095
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TESORI, JENNIFER 726 CYPRESS CROSSING TRAIL ST. AUGUSTINE, FL 32095
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Jennifer Tesori*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/5/08 904-819-0187