

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000128018

FILED
May 21, 2008
Secretary of State

Entity Name: CONCEPTUAL PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

1212 GARRISON DR
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

1212 GARRISON DR
ST AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 26-1491055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVINGTON, JONATHAN J
1212 GARRISON DR
ST AUGUSTINE, FL 32092 US

Name and Address of New Registered Agent:

LEMPGES, DONNA J
1212 GARRISON DR
ST AUGUSTINE, FL 32092 US

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.

SIGNATURE: DONNA J LEMPGES

05/21/2008

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEMPGES, DONNA
Address: 393 PORTA ROSA
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VP () Delete
Name: COVINGTON, JONATHAN J
Address: 1212 GARRISON DR
City-St-Zip: ST AUGUSTINE, FL 32092

Title: S () Delete
Name: LEMPGES, DONNA
Address: 393 PORTA ROSA
City-St-Zip: ST AUGUSTINE, FL 32092

Title: T () Delete
Name: COVINGTON, JONATHAN J
Address: 1212 GARRISON DR
City-St-Zip: ST AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LEMPGES, DONNA J
Address: 1212 GARRISON DR
City-St-Zip: ST AUGUSTINE, FL 32092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: LEMPGES, DONNA J
Address: 1212 GARRISON DR
City-St-Zip: ST AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA J. LEMPGES

CEO

05/21/2008

Electronic Signature of Signing Officer or Director

Date