

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DEPT OF STATE

DOCUMENT # P94000014171

Entity Name
TOTAL CONCEPT, INC.



Principal Place of Business
**4632 VINCENNES BLVD
102
CAPE CORAL, FL 33904**

Mailing Address
**4632 VINCENNES BLVD
102
CAPE CORAL, FL 33904**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0466514

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MESSINA, THOMAS
4632 VINCENNES BLVD
102
CAPE CORAL, FL 33904**

**DO NOT WRITE
IN THIS SPACE**

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

**000000397812
01/30/06-80066-002 150.00**

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

7. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

OFFICERS AND DIRECTORS

NAME	DP
NAME	MESSINA, THOMAS
STREET ADDRESS	4632 VINCENNES BLVD, 102
CITY-ST-ZIP	CAPE CORAL, FL 33904
NAME	S
NAME	MESSINA, GAYLE
STREET ADDRESS	4632 VINCENNES BLVD., 102
CITY-ST-ZIP	CAPE CORAL, FL 33904
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

1/30/06

Date

239-945-7693

Daytime Phone #