

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000088152

1. Entity Name
CONCORDE MORTGAGE OF CENTRAL FLORIDA, INC.



Principal Place of Business
834 N. JOHN YOUNG PKWY
KISSIMMEE, FL 34741

Mailing Address
834 N. JOHN YOUNG PKWY
KISSIMMEE, FL 34741



04282008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3542370

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

SANTIAGO, HECTOR
3151 SAWGRASS CT.
KISSIMMEE, FL 34746

**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

U000000931129

05/22/08-P98000088152-016 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SANTIAGO, HECTOR R
STREET ADDRESS 3151 SAWGRASS CT
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE VP
NAME SANTIAGO, THERESA A
STREET ADDRESS 3151 SAWGRASS CT
CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE S
NAME CACUCCIOLO, TERESA A
STREET ADDRESS 5517 WILLOW BEND TRAIL
CITY-ST-ZIP KISSIMMEE, FL 34758

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/28/08

Date

Daytime Phone #