


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P99000053205		
1. Entity Name CONCISE COURT REPORTING, INC.		
Principal Place of Business 9394 SAVANNAH ESTATES DR LAKE WORTH, FL 33467	Mailing Address 9394 SAVANNAH ESTATES DR LAKE WORTH, FL 33467	



04242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0931822	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUADAGNO, SANDRA M 9394 SAVANNAH ESTATES DR LAKE WORTH, FL 33467	DO NOT WRITE IN THIS SPACE
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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: Sandra M. Guadagno Sandra M. Guadagno 4-29-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

no change sign

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GUADAGNO, SANDRA M 9394 SAVANNAH ESTATES DR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GUADAGNO, MICHAEL A 9394 SAVANNAH ESTATES DR LAKE WORTH, FL 33467
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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**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: Sandra M. Guadagno Sandra M. Guadagno 4-24-07 954-242-6281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #