

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90003 022 ***150.00

DOCUMENT # V70390

1. Entity Name -

CONSEPS CONSULTING GROUP LTD. INC



Principal Place of Business

% ROBERT WENECK
5568 FOX HOLLOW DR
BOCA RATON FL 33486

Mailing Address

% ROBERT WENECK
5568 FOX HOLLOW DR
BOCA RATON FL 33486

44050679



MOORE

CR2E034 (4/04)

2. Principal Place of Business

5568 FOX HOLLOW DRIVE

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc. *Some*

City & State

BOCA RATON FL

City & State

4. FEI Number

65-0361333

Applied For

Not Applicable

Zip

33486

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WENECK, ROBERT
5568 FOX HOLLOW DRIVE
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	WENECK, ROBERT	
STREET ADDRESS	5568 FOX HOLLOW DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Robert Weneck

7/28/04

954 683 1518

CONSEPS CONSULTING GROUP

Robert L. Weneck, President

5568 Fox Hollow Drive

Boca Raton, Florida 33486

(561) 347-7121 • (561) 347-6590 Fax

(954) 683-1518 Cellular

Attachment

44050679

V70390

MEMO

Date: 7/28

To: DIVISION OF CORPORATIONS

From: Robert WENECK
CONSEPS CONSULTING CORP.

I HAVE BEEN OUT OF TOWN FOR
FOUR MONTHS, MY 94 YEAR OLD MOTHER
IS IN HOSPICE Dying IN KANSAS CITY,

WHEN I RETURNED I GOT THE
ATTACHED NOTICE,

I NEVER RECEIVED ANY OTHER
NOTICE.

PLEASE WAIVE ANY LATE FEE.

ENCLOSED IS A CHECK FOR \$150.00

THANK YOU

Robert L. Weneck