

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000013513

**Entity Name:** CONCIERGE PRO SERVICES INC

**Current Principal Place of Business:**

14870 KEY LIME BLVD.  
C/O CONCIERGE PRO SERVICES INC  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

14870 KEY LIME BLVD.  
C/O CONCIERGE PRO SERVICES INC  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 46-2012519

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TOCCO, SALVATORE N  
14870 KEY LIME BLVD.  
LOXAHATCHEE, FL 33470 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P, T	Title	S, D
Name	TOCCO, SALVATORE N	Name	TOCCO, SALVATORE N
Address	2060 PALM BEACH LAKES BLVD.	Address	2060 PALM BEACH LAKES BLVD.
City-State-Zip:	WEST PALM BEACH FL 33409	City-State-Zip:	WEST PALM BEACH FL 33409

*I hereby 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 all other like empowered.*

**SIGNATURE:** SALVATORE N TOCCO

P

03/04/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date