

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000011357

Entity Name: CONCIERGE MORTUARY INC.**Current Principal Place of Business:**127 BRAD CIRCLE
WINTER HAVEN, FL 33880**Current Mailing Address:**127 BRAD CIRCLE
WINTER HAVEN, FL 33880 US**FEI Number:** 83-1368873**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SPEIGHTS, KIERON P. SR.
127 BRAD CIRCLE
WINTER HAVEN, FL 33880 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	CFOV
Name	MCGILL-SPEIGHTS, TRACY N.
Address	127 BRAD CIRCLE
City-State-Zip:	WINTER HAVEN FL 33880

Title	CEOP
Name	SPEIGHTS, KIERON P. SR.
Address	127 BRAD CIRCLE
City-State-Zip:	WINTER HAVEN FL 33880

Title	TRUSTEE
Name	JONES, STANLEY RAFAEL SR.
Address	1773 KINGSMILL DR.
City-State-Zip:	BARTOW FL 33830

Title	TRUSTEE
Name	MCGILL, APRIL LYNETTE
Address	4309 ROBERT WAY
City-State-Zip:	BARTOW FL 33830

Title	TRUSTEE
Name	ROCKER, RODNEY SR.
Address	1022 EAST MAIN STREET
City-State-Zip:	LEESBURG FL 34748

Title	TRUSTEE
Name	MCGILL, CLARETHA H.
Address	2752 FRAZIER STREET
City-State-Zip:	BARTOW FL 33830

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: KIERON P. SPEIGHTS SR.

CEOP

02/21/2019

Electronic Signature of Signing Officer/Director Detail

Date