

**2021 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

CEO

04/26/2021

Electronic Signature of Signing Officer/Director Detail

Date