

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000011357

Entity Name: CONCIERGE MORTUARY INC.**Current Principal Place of Business:**1905 US HIGHWAY 17 S
BARTOW, FL 33830**Current Mailing Address:**1905 US HIGHWAY 17 S
BARTOW, FL 33830 US**FEI Number: 83-1368873****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SPEIGHTS, KIERON P. SR.
1905 US HIGHWAY 17 S
BARTOW, FL 33830 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	CFO AND PRESIDENT
Name	MCGILL-SPEIGHTS, TRACY N.
Address	1905 US HIGHWAY 17 S
City-State-Zip:	BARTOW FL 33830

Title	CEO, VP, AND MANAGING OFFICER
Name	SPEIGHTS, KIERON P. SR.
Address	1905 US HIGHWAY 17 S
City-State-Zip:	BARTOW FL 33830

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/VP/LFDIC****04/19/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date