# 2024 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

### Name and Address of Current Registered Agent:

SPEIGHTS, KIERON P. SR. 1905 US HIGHWAY 17 S BARTOW, FL 33830 US

#### Certificate of Status Desired: Yes

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

#### **Officer/Director Detail :**

	Title	CFO AND PRESIDENT	Title	CEO, VP, AND MANAGING OFFICER
	Name	MCGILL-SPEIGHTS, TRACY N.	Name	SPEIGHTS, KIERON P. SR.
	Address	1905 US HIGHWAY 17 S	Address	1905 US HIGHWAY 17 S
	City-State-Zip:	BARTOW FL 33830	City-State-Zip:	BARTOW FL 33830
	Title	TRUSTEE	Title	TRUSTEE
	Name	JONES, STANLEY RAFAEL SR.	Name	MCGILL, APRIL LYNETTE
	Address	1773 KINGSMILL DR.	Address	4309 ROBERT WAY
	City-State-Zip:	BARTOW FL 33830	City-State-Zip:	BARTOW FL 33830
	Title	TRUSTEE	Title	TRUSTEE
	Name	ROCKER, RODNEY SR.	Name	MCGILL, CLARETHA H.
	Address	1022 EAST MAIN STREET	Address	2752 FRAZIER STREET
	City-State-Zip:	LEESBURG FL 34748	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

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 09, 2024 Secretary of State 7915750579CC

Date