


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # 439332
 1. Entity Name
CONTEMPORARY CONSTRUCTION COMPANY



Principal Place of Business Mailing Address
998 ROSETTA DRIVE DELTONA FL 32725 US **998 ROSETTA DRIVE DELTONA FL 32725 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State City & State

4. FEI Number **59-1513823**
 Applied For Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
KENT, STANTON M.
998 ROSETTA DRIVE
DELTONA FL 32725

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature type for printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when rechartering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	PST	<input type="checkbox"/> Delete
NAME	KENT, STANTON M	
STREET ADDRESS	998 ROSETTA DR	
CITY-ST-ZIP	DELTONA, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENT, STANTON M.	
STREET ADDRESS	998 ROSETTA DR	
CITY-ST-ZIP	DELTONA, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	KENT, STANTON M	
STREET ADDRESS	998 ROSETTA DR	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 02/01/08-80004-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerers.

SIGNATURE: Stanton M Kent (386) 574-3141
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1/28/08 Telephone #