

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L05253		
1. Entity Name CONTRAVEST MANAGEMENT COMPANY		

Principal Place of Business 100 COLONIAL CENTER PARKWAY, STE. 470 LAKE MARY, FL 32746 US	Mailing Address 100 COLONIAL CENTER PARKWAY, STE. 470 LAKE MARY, FL 32746 US
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DO NOT WRITE IN THIS SPACE

01072008 No Chg-P CR2E034 (11/05)	
4. FEI Number 58-1853355	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
SCHAFFER, JOHN C/O CONTRAVEST 100 COLONIAL CENTER PARKWAY, SUITE 470 LAKE MARY, FL 32746	

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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

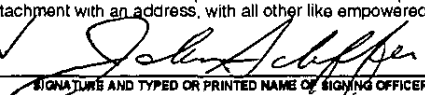
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000789716 01/23/08-80004-017 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SCHAFFER, JOHN 100 COLONIAL CENTER PKWY #470 LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GERALD D. OGIER 100 COLONIAL CENTER PKWY #470 LAKE MARY, FL 32746
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered

SIGNATURE:  **1-14-08** **407-333-0066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #