

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127040

FILED
Apr 29, 2004
Secretary of State

Entity Name: CONTEMPO MARKETING SERVICES, INC.

Current Principal Place of Business:

43344 HWY 27
DAVENPORT, FL 33837

New Principal Place of Business:

Current Mailing Address:

43344 HWY 27
DAVENPORT, FL 33837

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WHERRETT, DONALD
43344 HWY 27
DAVENPORT, FL 33837

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHERRETT, DONALD
Address: 43344 HWY 27
City-St-Zip: DAVENPORT, FL 33837

Title: D () Delete
Name: LEVENTHAL, GARY
Address: 43344 HWY 27
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WHERRETT, DONALD
Address: 7162 MONTREAL DRIVE
City-St-Zip: LAKELAND, FL 33809

Title: D (X) Change () Addition
Name: LEVENTHAL, GARY
Address: 8126 FIRENZE BLVD
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONALD WHERRETT

D

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date