2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

V. James

Jan 26, 2005 08:00 AM **DOCUMENT # 347071 Secretary of State** 1. Entity Name CONTEMPORARY MANAGEMENT, INC. Principal Place of Business _ .Mailing Address 6916 W. UNIVERSITY AVENUE 6916 W. UNIVERSITY AVENUE GAINESVILLE FL 32607 GAINESVILLE FL 32607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1263618 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GATTON, CHARLES Street Address (P.O. Box Number is Not Acceptable) 3610 S.W. 63RD LANE GAINESVILLE FL 32608 City 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. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE HILE ☐ Change ☐ Delete ☐ Addition **GATTON, CHARLES** 3610 SW 63RD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL CITY-ST-ZIP VST TITLE ☐ Delete THE ☐ Change ☐ Addition FOUST, V. JAMES NAME NAME U00000196666 01/27/05-80001-024 150.00 STREET ADDRESS 1125 NW 109TH DRIVE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606 CITY-ST-ZIP ☐ Delete TITLE ODE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP TITLE ☐ Detete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SHY-SI-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZH ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall be 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.

01-25-2005

FILED