


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 409315</b><br>1. Entity Name<br><b>CONTRACT UNLIMITED, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>505 MARY ESTHER CUT OFF<br/>FORT WALTON BEACH, FL 32548</b> | Mailing Address<br><b>505 MARY ESTHER CUT OFF<br/>FORT WALTON BEACH, FL 32548</b> |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-P CR2E034 (11/05)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1431175</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br><b>GARY, HEAPY<br/>505 MARY ESTER CUT OFF<br/>FORT WALTON BEACH, FL 32548</b> |
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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>HEAPY, DON<br>505 MARY ESTHER CUT OFF<br>FT WALTON BCH, FL 00000, 32548      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>HEAPY, BETTE J<br>505 MARY ESTHER CUT OFF<br>FT WALTON BCH, FL 00000, 32548 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>HEAPY, GARY<br>505 MARY ESTHER CUTOFF<br>FT WALTON BCH, FL 32548             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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02/08/08-80046-010 150.00

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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:**  **1-23-2008** **850-243-1233**

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #