

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90045 008 ***150.00

DOCUMENT # 439332

1. Entity Name

CONTEMPORARY CONSTRUCTION COMPANY



Principal Place of Business

517 DELTONA BLVD
SUITE C
DELTONA FL 32725
US

Mailing Address

517 DELTONA BLVD
SUITE C
DELTONA FL 32725
US

2. Principal Place of Business

998 Rosetta Drive

Suite, Apt. #, etc.

3. Mailing Address

998 Rosetta Drive

Suite, Apt. #, etc.

City & State

Deltona, Florida

City & State

Deltona, Florida

Zip
32725

Country

United States

Zip
32725

Country

United States

4. FEI Number

59-1513823

Applied For

Not Applicable

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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 ☐ Delete
NAME KENT, STANTON M
STREET ADDRESS 998 ROSETTA DR
CITY-ST-ZIP DELTONA, FL 00000

TITLE D ☐ Delete
NAME KENT, STANTON M.
STREET ADDRESS 998 ROSETTA DR
CITY-ST-ZIP DELTONA, FL 00000

TITLE V ☐ Delete
NAME KENT, STANTON M
STREET ADDRESS 998 ROSETTA DR
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

[Signature]

, President

1/27/2005

1 (386) 860-2947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #