

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 07, 2008 8:00 am
Secretary of State

08-07-2008 90064 004 ***150.00

DOCUMENT # 622342

1. Entity Name
CONTEMCO MANAGEMENT ASSOCIATES, INC.



Principal Place of Business

9000 BURMA ROAD
SUITE 102
PALM BCH GARDENS, FL 33903 US

Mailing Address

9000 BURMA ROAD
SUITE 102
PALM BCH GARDENS, FL 33903 US

DO NOT WRITE IN THIS SPACE



07032008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2761139

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MINKER, JULES S.
9000 BURMA ROAD
SUITE 102
PALM BEACH GARDENS, FL 33403

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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

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
MINKER, JULES S
9000 BURMA ROAD, SUITE 102
PALM BEACH GARDENS, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MINKER, LINDA
9000 BURMA ROAD, SUITE 102
PALM BEACH GARDENS, FL 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 July 08

Date

561-775-5640

Daytime Phone