


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90045 021 ***150.00

DOCUMENT # 669151 1. Entity Name CONTRACT MANAGEMENT COMPANY OF FLORIDA, INC.					
Principal Place of Business 5612 PINEY LANE DR TAMPA, FL 33625 US			Mailing Address P.O. BOX 2298 LABELLE, FL 33975-2298 US		
2. Principal Place of Business 381 SR 80 W		3. Mailing Address Suite, Apt. #, etc.			
City & State LA BELLE, FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-1981878	
Zip 33935		Country HENDRY		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUSKELLEY, BARBARA 5612 PINEY LANE DR TAMPA, FL 33625			7. Name and Address of New Registered Agent Name BARBARA N. WILLARD Street Address 381 SR 80 W City LA BELLE FL Zip Code 33935		
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 <i>Barbara N. Willard</i> BARBARA N. WILLARD 2/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUSKELLEY, BARBARA H 5612 PINEY LANE DR TAMPA, FL 33625	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WILLARD, BARBARA 381 SR 80 W LA BELLE, FL 339752298	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <i>Barbara N. Willard</i> BARBARA N. WILLARD 2/23/04 863-675-0779 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					