

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90043 011 ***150.00

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1. Entity Name
CONTEMPORARY FINANCIAL SOLUTIONS, INC.

Principal Place of Business
250 AUSTRALIAN AVE. SOUTH
SUITE 1700
WEST PALM BEACH, FL 33401-5012

Mailing Address
250 AUSTRALIAN AVE. SOUTH
SUITE 1700
WEST PALM BEACH, FL 33401-5012



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03152005 Chg-P CR2E034 (10/03)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
04-3652064

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME DIXON, JOHN L
STREET ADDRESS 250 AUSTRALIAN AVE. SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 334015012

TITLE PD ☐ Delete
NAME POFF, JOHN
STREET ADDRESS 250 AUSTRALIAN AVE. SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 334015012

TITLE VD ☐ Delete
NAME CLOUD, VINCENT T
STREET ADDRESS 250 AUSTRALIAN AVE. SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 334015012

TITLE VSD ☐ Delete
NAME KAMINSKI, DENNIS S
STREET ADDRESS 250 AUSTRALIAN AVE. SOUTH
CITY-ST-ZIP WEST PALM BEACH, FL 334015012

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 Vice President ☐ Change ☒ Addition
NAME Susan Coates
STREET ADDRESS 12369 181ST CT. N.
CITY-ST-ZIP Jupiter, FL 33478-2002

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
NAME
STREET ADDRESS
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: John W. Poff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 16, 2005 561-8354100

Date Daytime Phone #

JOHN W. POFF