


2007 FOR PROFIT CORPORATION ANNUAL REPORT

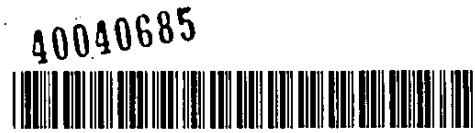
FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90024 040 ***158.75

DOCUMENT # J14110	
1. Entity Name CONTRAVEST, INC.	

Principal Place of Business 100 COLONIAL CENTER PARKWAY, STE. 470 LAKE MARY, FL 32746	Mailing Address 100 COLONIAL CENTER PARKWAY, STE. 470 LAKE MARY, FL 32746
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01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2691025	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDANIELS, DAVID
 100 COLONIAL CENTER PKWY STE 470
 LAKE MARY, FL 32746

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS JOHN SCHAFFER 240 SHADY OAKS CIRCLE 4079 Bermuda Grove Place LAKE MARY, FL Longwood, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OGIER, GERALD D. 216 NOB HILL CIRCLE LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDANIEL, DAVID G. 203 VISTA OAKS DRIVE LONGWOOD, FL
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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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: John Schaffer Date: 3/7/07 Daytime Phone #: (407) 333-0066