


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90012 010 \*\*\*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**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01302008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-2691025** Applied For  
 Not Applicable

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

9002000



**6. Name and Address of Current Registered Agent**  
**MCDANIELS, DAVID**  
**100 COLONIAL CENTER PKWY STE 470**  
**LAKE MARY, FL 32746**

**7. Name and Address of New Registered Agent**  
 Name **John Schaffer**  
 Street Address (P.O. Box Number is Not Acceptable) **100 Colonial Center Parkway**  
**Ste 470**  
 City **Lake Mary** **FL** Zip Code **32746**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	VTS JOHN SCHAFFER 4019 BERMUDA GROVE PLACE LONGWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mark Ogier 616 Grand Cypress PT Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OGIER, GERALD D. 216 NOB HILL CIRCLE LONGWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steven Ogier 801 Edge Forest Terr. Sanford, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDANIEL, DAVID G. 203 VISTA OAKS DRIVE LONGWOOD, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **John Schaffer** 2/8/08 407-333-0060  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #