


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90307 021 \*\*\*158.75

**DOCUMENT # P02000003196**

1. Entity Name  
**CONTRAVEST CONSTRUCTION GROUP, INC.**



Principal Place of Business      Mailing Address

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

17014071



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

03012004      Chg-P      CR2E034 (10/03)

City & State      City & State

3      3

4. FEI Number      Applied For

03-0375059      Not Applicable

Zip      Country      Zip      Country

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

O'KEEFE, DANIEL T ESQ  
 300 SOUTH ORANGE AVE., STE. 1000  
 ORLANDO, FL 32801

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, 2004 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	DP	<input type="checkbox"/> Delete
NAME	MCDANIEL, DAVID G	
STREET ADDRESS	203 VISTA OAKS DR	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	OGIER, GERALD D	
STREET ADDRESS	216 NOB HILL CIR	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	DVTS	<input type="checkbox"/> Delete
NAME	SCHAFFER, JOHN A	
STREET ADDRESS	3138 WINDING PINE TRL	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Schaffer      JOHN SCHAFFER      3-11-04      407-333-0066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #