

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90019 037 \*\*\*158.75

**DOCUMENT # P02000003196**

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



Principal Place of Business  
100 COLONIAL CENTER PKWY  
STE 470  
LAKE MARY, FL 32746

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

**40039264**



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**03-0375059**

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

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

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	DR
NAME	MCDANIEL, DAVID G
STREET ADDRESS	203 VISTA OAKS DR
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	DVP
NAME	OGIER, GERALD D
STREET ADDRESS	216 NOB HILL CIR
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	DVTS
NAME	SCHAFER, JOHN A
STREET ADDRESS	4119 BERMUDA DRIVE PLACE
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VP
NAME	Ogier, Mark C
STREET ADDRESS	100 Colonial Center Pkwy #470
CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	VP
NAME	Ogier, Steven D
STREET ADDRESS	(same as Mark Ogier)
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/07 (407)333-0066  
Date Daytime Phone #