

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**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**

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

**FILED**

**07 JUL -2 AM 10:11**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06292007 Chg-P CR2E034 (12/06)

4. FEI Number  
**03-0375059**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

**Amended AR is \$61.25**

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	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGIER, MARK C		NAME		
STREET ADDRESS	100 COLONIAL CENTER PKWY #470		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGIER, GERALD D		NAME		
STREET ADDRESS	216 NOB HILL CIR		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	DVTS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAFER, JOHN A		NAME		
STREET ADDRESS	3138 WINDING PINE TRL		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD, FL 32779		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OGIER, STEVEN D		NAME	Ogier, Steven D	
STREET ADDRESS	100 COLONIAL CENTER PKWY #470		STREET ADDRESS	100 Colonial Center Pkwy #470	
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE		<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Grubbs, Ephraim E, III	
STREET ADDRESS			STREET ADDRESS	100 Colonial Center Pkwy #470	
CITY-ST-ZIP			CITY-ST-ZIP	Lake Mary, FL 32746	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:** \_\_\_\_\_ **June , 2007 407-423-3200**

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

*B 7/2/07*