

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90011 021 \*\*\*150.00

**DOCUMENT # P03000121567**

1. Entity Name  
**CONTENTMENT VENTURES INC.**



Principal Place of Business  
**20011 EMERALD COAST PKWY.  
DESTIN, FL 32541**

Mailing Address  
**20011 EMERALD COAST PKWY.  
DESTIN, FL 32541**

**40006818**



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |   |
|---|---|
| 4. FEI Number<br><b>02-0710870</b>                        | Applied For<br>Not Applicable             |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional<br/>Fee Required</b> |

6. Name and Address of Current Registered Agent

**CHRISTENSEN, ROBERT  
20011 EMERALD COAST PKWY.  
DESTIN, FL 32541**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

|                |                           |
|----------------|---------------------------|
| TITLE          | D                         |
| NAME           | CHRISTENSEN, ROBERT       |
| STREET ADDRESS | 20011 EMERALD COAST PKWY. |
| CITY-ST-ZIP    | DESTIN, FL 32541          |
| TITLE          | Secretary                 |
| NAME           | Kimberly Modlin           |
| STREET ADDRESS | P.O. Box 1659             |
| CITY-ST-ZIP    | Destin, FL 32540          |
| 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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IN THIS SPACE**

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:**

*Kimberly Modlin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kimberly Modlin 1-21-05 850-837-8820**  
Date Daytime Phone