


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90002 033 ***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
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20055510

2. Principal Place of Business 838 Airport Rd. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1659 Suite, Apt. #, etc. 838 Airport Rd.
City & State Destin, FL	City & State Destin, FL
Zip 32541	Country 32541



08212006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent CHRISTENSEN, ROBERT 20011 EMERALD COAST PKWY. DESTIN, FL 32541	
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4. FEI Number
02-0710870

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

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	838 Airport Rd.
City	Destin FL Zip Code 32541

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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSEN, ROBERT 20011 EMERALD COAST PKWY. DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-28-06

Date

Daytime Phone #