## 2007 FOR PROFIT CORPORATION

## Mar 02, 2007 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P05000065861 03-02-2007 90007 044 \*\*\*158.75 CONTOUR DEVELOPMENT, INC. Principal Place of Business Mailing Address 11057 CONISTON WAY 11057 CONISTON WAY WINDERMERE, FL 34786 US WINDERMERE, FL 34786 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2727 OLD WINTER GARDEN RD 2727 OLD WINTER GARDEN RD Suite, Apt. #, etc. Suite Apt. #, etc. 02272007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Ocoee, FL Ocoee 20-2798842 Not Applicable Country 34761 \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUDNITSKY, STAN Street Address (P.O. Box Number is Not Acceptable) 11057 CONISTON WAY WINDERMERE, FL 34786 City 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution After May 1, 2007, Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TILE **¹**☑2 Change ☐ Addition RUDNITSKY STAN 2727 OLD WINTER Garden RD #100 NAME RUDNITSKY, STAN MARKE STREET ADDRESS 11057 CONISTON WAY STREET ADDRESS 000ee, PL 34761 CITY-ST-7IP WINDERMERE, FL 34786 CHY-ST-ZIP MLE Delete TITE **™** Change Addition RUDNITSKY LARRY 2727 OLD WINTER GARDEN AD HIDD NAME RUDNITSKY, LARRY NAME STREET ADDRESS 11057 CONISTON WAY STREET ADDRESS CITY-ST-ZIP WINDERMERE, FL 34786 CHY-ST-7IP OCOGE, FL 34761 TITLE ☐ Delete HILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FITLE ☐ Delete IIII E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ 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.

LUDNITSKY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

SIGNATURE:

FILED