


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State


04-02-2007 90092 006 ***158.75

DOCUMENT # P93000073745	
1. Entity Name CONTRAVEST CONSTRUCTION COMPANY	

Principal Place of Business 100 COLONIAL CENTER PARKWAY, STE 470 LAKE MARY, FL 32746 US	Mailing Address 100 COLONIAL CENTER PARKWAY, STE 470 LAKE MARY, FL 32746 US
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DO NOT WRITE IN THIS SPACE

40041100



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3207017	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHAFFER, JOHN A
100 COLONIAL CENTER PKWY 470
LAKE MARY, FL 32746

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP OGIER, GERALD D 216 NOB HILL CIRCLE LONGWOOD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCDANIEL, DAVID G 203 VISTA OAKS DRIVE LONGWOOD, FL <i>Delete</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS SCHAFFER, JOHN A 249 SHADY OAKS CIRCLE LAKE MARY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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* **3/7/07** **(407) 333-0066**

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