

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90051 046 ***150.00

DOCUMENT # P96000059469

1. Entity Name

CONTRARY HILL, INC.



Principal Place of Business

POST OFFICE BOX 561317
ROCKLEDGE FL 32956-1317

Mailing Address

POST OFFICE BOX 561317
ROCKLEDGE FL 32956-1317



2. Principal Place of Business - No P.O. Box #

1553 SILICON AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1553 SILICON AVENUE

Suite, Apt. #, etc.

ATTN: JEAN CURRAN

1st MOORE

CR2E034 (10/06)

City & State

MELBOURNE, FL

Zip

32940

Country

USA

City & State

MELBOURNE, FL

Zip

32940

Country

USA

4. FEI Number

59-3412000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EUBANK, JOANN C
270 BARNES BOULEVARD
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1553 SILICON AVENUE

City

MELBOURNE

FL

Zip Code

32940

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 re-instating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP EUBANK, JO ANN C 2145 RIVER OAKS CT. ROCKLEDGE FL 32955-5433	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DST EUBANK, MICHAEL J 1306 HERITAGE ACRES DR ROCKLEDGE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DVP CURRAN, JEAN M 1425 S HARBOR DRIVE MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5409 ROBLES LAND ROCKLEDGE, FL 32955	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6760 STILLPOINT DRIVE MELBOURNE, FL 32940	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Jean Curran
JEAN CURRAN, VICE-PRESIDENT

1/18/2007

Date

321-636-2377

Daytime Phone #