

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000103795**

1. Entity Name  
**CONTRACT ADMINISTRATION, INC.**



Principal Place of Business  
**2601 PALMETTO RD  
MT DORA, FL 32757 US**

Mailing Address  
**18950 US HWY 441  
BOX 203  
MT DORA, FL 32757 US**



05012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3419152</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SHAVER, VICTOR G  
2601 PALMETTO RD  
MT DORA, FL 32757**

**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  
Due by September 7, 2005**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAVER, VICTOR G 2601 PALMETTO RD. MT. DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHAVER, PATRICIA 2601 PALMETTO RD. MT. DORA, FL 32757
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100000362475  
05/05/05-80119-010 150.00

**DO NOT WRITE  
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)(f), 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:** *Victor G. Shaver*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05  
Date

Daytime Phone # \_\_\_\_\_