

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000029400

1. Entity Name
CONTEMPORARY CONCEPTS, INC.



Principal Place of Business	Mailing Address
15437 71ST DR NORTH PALM BEACH GARDENS, FL 33418 US	15437 71ST DR NORTH PALM BEACH GARDENS, FL 33418 US



02032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3446558	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

O'NEILL, MAUREEN
15437 71ST DRIVE NORTH
PALM BEACH GARDENS, FL 33418

**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
After May 1, 2005 Fee will be \$550.00**

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

000000218251

02/07/05-80057-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	O'NEILL-DAVIS, MAUREEN
STREET ADDRESS	15437 71ST DRIVE NO
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	V
NAME	BURGHY, TRACEY E
STREET ADDRESS	P.O. BOX 811465
CITY-ST-ZIP	BOCA RATON, FL 33481
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 exemption stated in Section 119.07(3)(i), 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 Maureen O'Neill / President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/05
Date

361-748-8901
Daytime Phone #