

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90037 019 \*\*\*158.75

**DOCUMENT # P97000065554**

1. Entity Name

**CONTEMPORARY SERVICES CORPORATION**



Principal Place of Business

**12058 MIRAMAR PARKWAY  
MIRAMAR FL 33025**

Mailing Address

**12058 MIRAMAR PARKWAY  
MIRAMAR FL 33025**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARACORP INCORPORATED  
236 E. 6TH AVE.  
TALLAHASSEE FL 32303**

Name

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

City

**FL**

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

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**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **ZUMWALT, DAMON**  
STREET ADDRESS **17101 SUPERIOR ST.**  
CITY-ST-ZIP **NORTHBRIDGE CA 91325**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **KRANSKE, PETER C**  
STREET ADDRESS **4131 HARBORWALK DRIVE**  
CITY-ST-ZIP **FT. COLLINS CO 80525**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **O** ☐ Delete  
NAME **ZUMWALT, DAMON**  
STREET ADDRESS **17101 SUPERIOR ST.**  
CITY-ST-ZIP **NORTHBRIDGE CA 91325**

TITLE ☒ Change ☐ Addition  
NAME **DAMON ZUMWALT**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VT** ☐ Delete  
NAME **KRANK, PETER**  
STREET ADDRESS **4131 HARBORWALK DR.**  
CITY-ST-ZIP **FORT COLLINS CO 80526**

TITLE ☒ Change ☐ Addition  
NAME **PETER KRANSKE**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **CASEY, CYNTHIA**  
STREET ADDRESS **17101 SUPERIOR ST.**  
CITY-ST-ZIP **NORTHBRIDGE CA 91325**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Cynthia Casey*

**CYNTHIA CASEY**

**03-03-05**

**(813) 665-5150 x137**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #