


**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P98000024205</b> 1. Entity Name <b>CONTACT AMERICA GROUP, INCORPORATED</b>		
Principal Place of Business <b>3062 PRESTIGE DRIVE                  CLEARWATER, FL 33759</b>	Mailing Address <b>3062 PRESTIGE DRIVE                  CLEARWATER, FL 33759</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
4. FEI Number <b>59-3498641</b>		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
8. Name and Address of Current Registered Agent  <b>WALDRON, PAMELA C                  3062 PRESTIGE DRIVE                  CLEARWATER, FL 33759</b>		<b>DO NOT WRITE IN THIS SPACE</b>
9. 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: _____ <small>(Signature typed in printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when conducting) D-16</small>		
<b>FILE NOW!!! FEE IS \$150.00                  Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 (May Be Added to Fees)</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WALDRON, AARON P                  1958 LOS LUMAS DR                  CLEARWATER, FL 33763</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>WALDRON, PETER                  3062 PRESTIGE DR                  CLEARWATER, FL 33759</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>WALDRON, PAMELA                  3062 PRESTIGE DRIVE                  CLEARWATER, FL 33759</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE 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 119.073(3), 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 807, 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	6.30.04 727-669-1108 <small>D-16</small>	



56302004 No Chg-P CR2E034 (10/03)

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