



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90055 045 ***150.00

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|--|--|---|---|--|--|
| DOCUMENT # P99000102065 1. Entity Name CONTENTO, INC. | | | |  | |
| Principal Place of Business 786 S. ORANGE AVENUE SARASOTA, FL 34236 | | | Mailing Address 786 S. ORANGE AVENUE SARASOTA, FL 34236 | | |
| 2. Principal Place of Business - No P.O. Box # 73 S. PALM AVE. | | 3. Mailing Address 73 S. PALM AVE. | |  01082008 Chg-P CR2E034 (12/06) | |
| Suite, Apt. #, etc. SUITE 219 | | Suite, Apt. #, etc. SUITE 219 | | | |
| City & State SARASOTA, FL | | City & State SARASOTA, FL | | | |
| Zip 34236 | | Zip 34236 | | | |
| Country USA | | Country USA | | 4. FEI Number 65-0996541 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent SHOAF, MARGARET 2100 S. TAMiami TR, STE 200 SARASOTA, FL 34239 | | | | | |
| 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS GERTRAUD, HAYDN 786 S. ORANGE AVENUE SARASOTA, FL 34236 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP HAYDN, RUPERT 786 S ORANGE AVE. SARASOTA, FL 34236 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP FRITZ, MAYR 786 S. ORANGE AVENUE SARASOTA, FL 34236 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CHARITY, GABRIELE 623 AVENIDA DEL NORTE SARASOTA, FL 34242 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ _____ | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ _____ _____ _____ | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>K. Haydn</i> | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date <i>1-31-08</i> Daytime Phone # <i>941-346-0249</i> | | | | | |