

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90030 008 \*\*\*150.00

**DOCUMENT # S41978**

1. Entity Name

**CONTRACT ASSEMBLIES, INC.**



Principal Place of Business

**2155 WEST JEFFERSON  
STE AA5  
QUINCY FL 32351-1909  
US**

Mailing Address

**2155 WEST JEFFERSON  
STE AA5  
QUINCY FL 32351-1909  
US**

**20011400**



1st MOORE

CR2E034 (10/04)

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

**59-3079231**

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

**SPAHN, RICHARD  
1601 N.W. 101ST AVENUE  
PEMBROKE FL 33026**

Name

**Spahn, Richard**

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

City

**3442 SE Lake Weir Rd.**

**Ocala**

**FL**

Zip Code

**34471**

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

TITLE **D** ☐ Delete  
NAME **ROBERT, WHITE**  
STREET ADDRESS **11944 R. HARVARD AVE.**  
CITY-ST-ZIP **AURORA CO**

TITLE **STD** ☐ Delete  
NAME **WHITE, DONLAD**  
STREET ADDRESS **3660 QUINCY PLACE**  
CITY-ST-ZIP **GAINESVILLE GA**

TITLE **PD** ☐ Delete  
NAME **WHITE, LOUISE**  
STREET ADDRESS **3660 QUINCY PLACE**  
CITY-ST-ZIP **GAINESVILLE GA**

TITLE **D** ☐ Delete  
NAME **SNYDER, JEFF**  
STREET ADDRESS **75 ASHBOW TRAIL**  
CITY-ST-ZIP **HAVANA FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
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:

**Donald A. White DONALD A. WHITE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/05**

Date

**800-627-2638**

Daytime Phone #