


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90160 028 ***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		
2. Principal Place of Business - No P.O. Box # 110 3RD STREET SW		3. Mailing Address P.O. Box 1228			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State HAVANA, FL		City & State HAVANA, FL 32333-1228		4. FEI Number 59-3079231	
Zip 32333		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPAHN, RICHARD 3442 SE LAKE WEIR RD OCALA, FL 34471			7. Name and Address of New Registered Agent Name SPAHN, RICHARD Street Address (P.O. Box Number is Not Applicable) 12700 SW 112th ST. RD. City DUNNELOON FL Zip 34432		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D ROBERT, WHITE 11944 R. HARVARD AVE. AURORA, CO	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WHITE, DONLAD 3660 QUINCY PLACE GAINESVILLE, GA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WHITE, LOUISE 3660 QUINCY PLACE GAINESVILLE, GA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, JEFF 75 ASHBOW TRAIL HAVANA, FL	<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: <u>Donald A. White</u> DONALD A. WHITE 4/20/07 678-267-2252 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40079644

