

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000015797

**Entity Name:** CONTACT PLANNING, INC.

**Current Principal Place of Business:**

3186 WHISPER WIND DR  
ST CLOUD, FL 34771

**Current Mailing Address:**

3186 WHISPER WIND DR  
ST CLOUD, FL 34771

**FEI Number: 59-3698214**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PSD  
Name PASHA, KAREN S  
Address 3186 WHISPER WIND DR  
City-State-Zip: ST CLOUD FL 34771

Title VTD  
Name PASHA, THOMAS W  
Address 3186 WHISPER WIND DR  
City-State-Zip: ST CLOUD FL 34771

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: KAREN PASHA**

**PSD**

**03/09/2013**

Electronic Signature of Signing Officer/Director Detail

Date