

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000015797

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

**Current Principal Place of Business:**

5350 ALLIGATOR LAKE ROAD  
ST CLOUD, FL 34772

**Current Mailing Address:**

5350 ALLIGATOR LAKE ROAD  
ST CLOUD, FL 34772 US

**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, THOMAS  
Address 5350 ALLIGATOR LAKE ROAD  
City-State-Zip: ST CLOUD FL 34772

Title VTD  
Name PASHA, KAREN  
Address 5350 ALLIGATOR LAKE ROAD  
City-State-Zip: ST CLOUD FL 34772

*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:** THOMAS PASHA

PSD

01/31/2025

Electronic Signature of Signing Officer/Director Detail

Date