


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 05, 2008 08:00 AM  
Secretary of State**

DOCUMENT # P95000013768 1. Entity Name CAHERSIVEEN, INC.	
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Principal Place of Business 4920 ANDROS DRIVE TAMPA, FL 33629	Mailing Address 4920 ANDROS DRIVE TAMPA, FL 33629
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**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3313530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, MYLES W  
4920 ANDROS DRIVE  
TAMPA, FL 33629

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

000000949211  
06/03/08-30019-023 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'CONNOR, MYLES W 4920 ANDROS DRIVE TAMPA, FL 33629
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IN THIS SPACE**

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: Myles W O'Connor MYLES W. O'CONNOR  
Date: 4/29/08 Daytime Phone: 813-286-8083