


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 310119

1. Entity Name
THE CAVALIER CLEANING CORPORATION



Principal Place of Business Mailing Address

4547 RED OAK DR 4547 RED OAK DR
 PO BOX 507 PO BOX 507
 MARIANNA, FL 32447 MARIANNA, FL 32447



02252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1164109

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CONNOR, WILLIAM C
4547 RED OAK TRACE
MARIANNA, FL 32446

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CONNOR, WILLIAM C 4547 RED OAK TRACE, PO BOX 507 MARIANNA, FL 32447
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD STUART, VIRGINIA C. 131 RUSS STREET MARIANNA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CONNOR, CATHERINE B. 4547 RED OAK TRACE, PO BOX 507 MARIANNA, FL 32447
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  *e.g./26/05* **950 492 2546**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #