

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 310119

1. Entity Name
THE CAVALIER CLEANING CORPORATION



Principal Place of Business

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

Mailing Address

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



01132006 No Chg-P CR2E034 (11/05)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000386661
01/19/06-80008-023 150.00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 addendum, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM C. CONNOR

01/13/06

Date

850 526 5911

Daytime Phone #