

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 14, 2008 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



01112008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000781228
01/15/08-80026-004 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CONNOR, WILLIAM C
STREET ADDRESS 4547 RED OAK TRACE, PO BOX 507
CITY-ST-ZIP MARIANNA, FL 32447

TITLE STD
NAME STUART, VIRGINIA C.
STREET ADDRESS 131 RUSS STREET
CITY-ST-ZIP MARIANNA, FL

TITLE VPD
NAME CONNOR, CATHERINE B.
STREET ADDRESS 4547 RED OAK TRACE, PO BOX 507
CITY-ST-ZIP MARIANNA, FL 32447

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/08 850526594
Date Daytime Phone #