

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 646516

Entity Name: CAVOK, INC.

FILED  
Jul 12, 2004  
Secretary of State

**Current Principal Place of Business:**

1001 AIRPORT RD.  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 159  
DESTIN, FL 325400159 US

**New Mailing Address:**

FEI Number: 59-2112085

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRIGMAN, WALTER M.  
DESTIN/FT. WALTON BEACH AIRPORT  
DESTIN, FL 32541

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: BRIGMAN, WALTER M.  
Address: 846 TROPIC AVE  
City-St-Zip: FT WALTON BCH, FL 00000,

Title: VD ( ) Delete  
Name: VAN ATTA, LEON,  
Address: 749 SPRING LAKE  
City-St-Zip: DESTIN, FL

Title: PD ( ) Delete  
Name: VAN ATTA, C F,  
Address: 35 WAYNEL CIRCLE SE  
City-St-Zip: FORT WALTON BEACH, FL 32548

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: VAN ATTA, LEON,  
Address: 749 SPRING LAKE  
City-St-Zip: DESTIN, FL 32541

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WALTER BRIGMAN

STD

07/12/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date