

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90020 029 \*\*\*150.00

**DOCUMENT # F98000003470**

1. Entity Name  
CACO CONSTRUCTION CO. INC.



Principal Place of Business  
1330 HEATHER RIDGE BLVD.  
DUNEDIN, FL 34698

Mailing Address  
1330 HEATHER RIDGE BLVD.  
DUNEDIN, FL 34698

**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number  
52-2100295

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PAVLIK, CRAIG  
1330 HEATHER RIDGE BLVD.  
DUNEDIN, FL 34698

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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)

4-23-07  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE	<b>SECRETARY &amp; TREASURER</b>
NAME	PAVLIK, JOYCE H
STREET ADDRESS	1101 HALEY LANE
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	<b>PRESIDENT</b>
NAME	PAVLIK, CRAIG R
STREET ADDRESS	1665 CHAPLENE CT.
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	<b>VP</b>
NAME	PAVLIK, STACY D
STREET ADDRESS	1665 CHAPLENE CT
CITY-ST-ZIP	DUNEDIN, FL 34698
TITLE	<b>ROBERT PAVLK, VICE PRESIDENT</b>
NAME	
STREET ADDRESS	1101 HALEY LANE
CITY-ST-ZIP	DUNEDIN FL 34698
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 address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-07  
Date

727-738-6265  
Daytime Phone #