

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H82014

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: MIKE KAVANAUGH, INC.

**Current Principal Place of Business:**

1397 CADDELL DR  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

1397 CADDELL DR  
JACKSONVILLE, FL 32217 US

**New Mailing Address:**

FEI Number: 59-2592316

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAVANAUGH, TOM  
1397 CADDELL DR  
JACKSONVILLE, FL 32217 US

**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: KAVANAUGH, MIKE,  
Address: 4518 CAPE ELIZABETH CT. E.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: PD ( ) Delete  
Name: KAVANAUGH, THOMAS,  
Address: 1397 CADELL DR  
City-St-Zip: JACKSONVILLE, FL 32217

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TOM KAVANAUGH

PRES

01/09/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date