


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 26, 2007 08:00 AM
Secretary of State

DOCUMENT # K76875 1. Entity Name KAVANAUGH ASSOCIATES, INC.	
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Principal Place of Business % FRANK KAVANAUGH 3306 ANTIGUA DRIVE PUNTA GORDA, FL 33950-6370	Mailing Address % FRANK KAVANAUGH 3306 ANTIGUA DRIVE PUNTA GORDA, FL 33950-6370
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01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0148785	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KAVANAUGH, FRANK 3306 ANTIGUA DRIVE PUNTA GORDA, FL 33950-6370	DO NOT WRITE IN THIS SPACE
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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000605661 01/30/07-80045-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAVANAUGH, FRANK JAMES 3306 ANTIGUA DR. PUNTA GORDA, FL
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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: *Frank Kavanagh* January 24, 2007 941-575-0015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #