2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2005 08:00 AM

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				Constant of Ctot
DOCUMENT # P0000049520 1. Entity Name CAVCO CONSULTANTS, INC.			Secretary of Stat	
Principal Plac	e of Business	Mailing Address		
101 SOUTH WAUCHULA,	NINTH AVENUE FL 33873	101 SOUTH NINTH AVENUE WAUCHULA, FL 33873	,	TO THE CALL BOOK BEING BOOK BOOK BOOK BOOK BOOK BOOK BOOK BOO
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DO NOT WRITE IN THIS SPACE				02052005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For
	ranger than the second	HENRY OF THE PARTY TO THE PARTY OF THE PARTY		65-1003151 Not Applicable
	The state of the s	Annual State of State		5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CAVANAUGH, GERALD J 3909 CASEY KEY RD NOKOMIS, FL 34275				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 life it applicable. (NOTE, Registered Agent signature required when reinstating) DATE				
FILE NOWIN FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees				
10.	OFFICERS AND DI	RECTORS	AMAZINE MARTINE CONTRACTOR	The second secon
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVANAUGH, GERALD J 2381 FRUITVILLE RD. SARASOTA, FL 342376118		The second of th	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENDER, MICHAEL R JR. 2381 FRUITVILLE RD. SARASOTA, FL. 342376118		The property of the second sec	000000221147 02/09/05-80021-004 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPANGLER, STEPHEN D 2381 FRUITVILLE RD. SARASOTA, FL 342376118		The property of the property o	DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 eath; 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 attack that with an address, with all other like empowered.

EIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herole Conque

SIGNATURE: