


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 27, 2006 8:00 am
Secretary of State**

02-07-2006 90020 015 ***100.00

02-27-2006 90056 041 ****50.00

DOCUMENT # P00000088975 1. Entity Name CAVALIERI PRINTING, INC.	
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Principal Place of Business 250 FRANCES DRIVE ALTAMONTE SPRINGS, FL 32714	Mailing Address PO BOX 161076 ALTAMONTE SPRINGS, FL 32716-1076
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DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3666660	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CYNTHIA, CAVALIERI
250 FRANCES DRIVE
ALTAMONTE SPRINGS, FL 32714**

**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 fee if applicable. (NOTE: Registered Agent signature required when remaining) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006, Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CAVALIERI, CYNTHIA L 250 FRANCES DRIVE ALTAMONTE SPRINGS, FL 32714
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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 fee empowered.

SIGNATURE: *Cynthia L. Cavalieri, Pres* 1/25/06 407-869-9019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

40018684

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2006

CAVALIERI PRINTING, INC.
PO BOX 161076
ALTAMONTE SPRINGS, FL 32716-1076

Chk #
4120
100.00

Subject: CAVALIERI PRINTING, INC.

Reference Number: P00000088975

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$100.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$50.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE
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Check Image – Front and Back

Posting Date: 02/09/2006

Check #: 4120

Amount: \$100.00

Reference: 86540324552

Account: DDA-5941

Nickname:

CAVALIERI PRINTING, INC. 10-00
(407) 869-9019
P.O. BOX 181078
ALTAMONTE SPRINGS, FL 32718-1078

40009762
Date 1/25/06

4120
83-4630 FL
1321

Pay to the order of Florida Dept. of State \$ 100.00
One Hundred and no/100 Dollars

Bank of America

ACH R/T 003100277
For 59-36 666660

[Signature]

2221- 670

BANK OF AMERICA USA
FOR DEPOSIT ONLY
ACCT. # 1000000000

654032455

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT. # 1000000000

FEB 07 2006

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