


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90006 006 ***550.00

DOCUMENT # P01000037061	
1. Entity Name KAVANAGH CONSULTING, INC.	

Principal Place of Business 9164 RUTLERDGE AVE. BOCA RATON FL 33434 US	Mailing Address 9164 RUTLERDGE AVE. BOCA RATON FL 33434 US
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2. Principal Place of Business 5044 Pointe Emerald LAKE	3. Mailing Address LAKE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BOCA RATON FL	City & State
Zip 33486	Country U.S.A



MOORE CR2E034 (11/03)

4. FEI Number 65-1096057		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GASKILL, CLARE K 9164 RUTLEDGE AVE. BOCA RATON FL 33434		7. Name and Address of New Registered Agent Name CLARE GASKILL Street Address (P.O. Box Number is Not Acceptable) 5044 Pointe Emerald LN BOCA RATON City FL Zip Code 33486

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 *Clare Gaskill*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST GASKILL, CLARE K 1320 SW 19TH STREET BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KAVANAGH, CLAIRE 9164 RUTLEDGE AVE. BOCA RATON FL 33434 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Clare Gaskill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/22/2004 (861) 305-0979

Date Daytime Phone #