


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000018627 1. Entity Name LAVCO ENTERPRISES, INC.	
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Principal Place of Business 1844 TAMAMI TRAIL N. NAPLES, FL 34102	Mailing Address 458 MARQUESAS CT. MARCO ISLAND, FL 34145
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01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0552553	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

WEBSTER, RONALD S  
 985 N. COLLIER BLVD.  
 MARCO ISLAND, FL 34145

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAVALLEE, KEVIN 458 MARQUESAS CT. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LAVALLEE, CINDY 458 MARQUESAS CT. MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LAVALLEE, MATTHEW 458 MARQUESAS CT. MARCO ISLAND, FL 34145
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/10/06-80003-014 150.00

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: Cindy Lavallee 01-05-06 (239) 393-0326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #