2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000036626

Entity Name: CAVON LIMITED, INC.

FILED Apr 08, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7319 RAMOTH DR JACKSONVILLE, FL 32226

Current Mailing Address: New Mailing Address:

7319 RAMOTH DR JACKSONVILLE, FL 32226

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DARNALL, JEFF 7319 RAMOTH DR JACKSONVILLE, FL 32226

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 DARNALL, YVONNE
 Name:
 DARNALL, JEFF

 Address:
 7319 RAMOTH DR
 Address:
 7319 RAMOTH DR

 City-St-Zip:
 JACKSONVILLE, FL 32226
 City-St-Zip:
 JACKSONVILLE, FL 32226

Title: DV () Delete Title: DV (X) Change () Addition

 Name:
 MIDKIFF, CORINNE
 Name:
 DARNALL, YVONNE

 Address:
 595 MAIN ST #1012
 Address:
 7319 RAMOTH DRIVE

 City-St-Zip:
 NEW YORK, NY 10044
 City-St-Zip:
 JACKSONVILLE, FL 32226

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF DARNALL DP 04/08/2004