

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90688 023 \*\*\*150.00

**DOCUMENT # P03000057324**

1. Entity Name

CAVALIER BILLING ASSOCIATES, INC.



Principal Place of Business

3485 DELTONA BLVD.  
SPRING HILL FL 34606

Mailing Address

3485 DELTONA BLVD.  
SPRING HILL FL 34606

2. Principal Place of Business

10468 Northcliffe Blvd

Suite, Apt. #, etc.

3. Mailing Address

10468 Northcliffe Blvd

Suite, Apt. #, etc.

City & State

Spring Hill, FL

Zip

34608

Country

USA

City & State

Spring Hill, FL

Zip

34608

Country

USA

4. FEI Number

16-1671917

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

CAVALIER, JANIS  
3485 DELTONA BLVD. 10468 Northcliffe Blvd  
SPRING HILL FL ~~34606~~ 34608

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10468 Northcliffe Blvd

City

Spring Hill

FL

Zip Code

34608

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 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.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CAVALIER, JANIS  
STREET ADDRESS 3485 DELTONA BLVD.  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10468 Northcliffe Blvd  
CITY-ST-ZIP Spring Hill, FL 34608

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *X Janis Cavalier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANIS CAVALIER  
Owner

*X 4-29-04*  
Date

352  
*X 684-3537*  
Daytime Phone #