

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000124844

1. Entity Name

CLAUDE P. CAVINESS, INC.



Principal Place of Business

**2027 UNIVERSITY BLVD N
JACKSONVILLE, FL 32211**

Mailing Address

**2027 UNIVERSITY BLVD N
JACKSONVILLE, FL 32211**



01222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1716382

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAVINESS, CLAUDE P
150 SOUTHWIND CIRCLE
SAINT AUGUSTINE, FL 32080**

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 P
NAME CAVINESS, CLAUDE P
STREET ADDRESS 150 SOUTHWIND DRIVE
CITY - ST - ZIP SAINT AUGUSTINE, FL 32080

TITLE V
NAME ROSASCO, CLAUDIA A
STREET ADDRESS 4455 WINDSONG LN W
CITY - ST - ZIP JACKSONVILLE, FL 32225

TITLE ST
NAME ROSASCO, STEPHEN M
STREET ADDRESS 4455 WINDSONG LN W
CITY - ST - ZIP JACKSONVILLE, FL 32225

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**000000399938
02/01/06-80035-012 150.00**

**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-22-06 904 535-7832