

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**



Allstate

May 01, 2008 08:00 AM

Secretary of State

DOCUMENT # P06000099326

1. Entity Name
CAVENDISH FINANCIAL GROUP INCORPORATED



Principal Place of Business
3402 N ARMENIA AVE
TAMPA, FL 33607

Mailing Address
3402 N ARMENIA AVE
TAMPA, FL 33607



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-1288527

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAVENDISH, JANELLE
16307 TURNBRIDGE CT
TAMPA, FL 33647

**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

Janelle Cavendish

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/08

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 CAVENDISH, JANELLE
STREET ADDRESS 3402 N ARMENIA AVE
CITY-ST-ZIP TAMPA, FL 33607

TITLE D
NAME MCCARTY, DENNY R II
STREET ADDRESS 3402 N ARMENIA AVE
CITY-ST-ZIP TAMPA, FL 33607

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Janelle Cavendish

4/30/08

8138775576

Daytime Phone