2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000009416

1. Entity Name
NAVILLUS II, INC.

Principal Place of Business	Mailing Address
PO BOX 452 RAYMOND, ME 04071	PO BOX 452 RAYMOND, ME 04071

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03092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0381514
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HORLICK, MICHAEL D
1314 EAST VENICE AVENUE, SUITE D
VENICE, FL 34292

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VAN CAMPEN, KATHLEEN SULLIVAN
STREET ADDRESS	71 BEAR HILL ROAD
CITY-ST-ZIP	MERRIMAC, MA 01860
TITLE	D
NAME	COSTA, NANCY SULLIVAN
STREET ADDRESS	170 WARREN AVE
CITY-ST-ZIP	PLYMOUTH, MA 02360
TITLE	D
NAME	SULLIVAN KINDLER, SHARON R
STREET ADDRESS	23 TURKEY HILLS ROAD SOUTH
CITY-ST-ZIP	WESTPORT, CT 06880
TITLE	D
NAME	SULLIVAN, BRIAN E
STREET ADDRESS	P O. BOX 452 N/A
CITY-ST-ZIP	RAYMOND, ME 04071
TITLE	D
NAME	SULLIVAN, SEAN PATRICK
STREET ADDRESS	53 LONGMEADOW FARM
CITY-ST-ZIP	POMFRET CENTER, CT 06259
TITLE	D
NAME	SULLIVAN, MARK DAVID
STREET ADDRESS	508 AURORA STREET
CITY-ST-ZIP	ITHACA, NY 14850

J00001423[illegible]
04/30/04-80051-006 [illegible]

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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: [signature] President 4-27-04 2076554214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #