2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 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

03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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 _____ 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, 2006 Fee will be $550.00

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

U00000480265
04/10/06-80037-004 150.00

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

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: Brian Sullivan Brian E Sullivan 3-20-06 President 2076555214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #