

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90013 047 ***150.00

DOCUMENT # P92000009416

1. Entity Name
NAVILLUS II, INC.



Principal Place of Business
PO BOX 452
RAYMOND ME 04071

Mailing Address
PO BOX 452
RAYMOND ME 04071



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0381514

Applied For
Not Applicable

Zip

Country

Zip

Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP		TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	
	D	VAN CAMPEN, KATHLEEN SULLIVAN	71 BEAR HILL ROAD MERRIMAC MA 01860	<input type="checkbox"/> Delete		KEVIN J. SULLIVAN	10223 KAYVEE ROAD RICHMOND, VA 23236		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	D	COSTA, NANCY SULLIVAN	170 WARREN AVE PLYMOUTH MA 02360	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	SULLIVAN KINDLER, SHARON R	23 TURKEY HILLS ROAD SOUTH WESTPORT CT 06880	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	SULLIVAN, BRIAN E	P.O. BOX 452 N/A RAYMOND ME 04071	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	SULLIVAN, SEAN PATRICK	53 LONGMEADOW FARM POMFRET CENTER CT 06259	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	D	SULLIVAN, MARK DAVID	508 AURORA STREET ITHACA NY 14850	<input type="checkbox"/> Delete		SULLIVAN, MARK DAVID	112 FIELDSTONE CRCL ITHACA NY 14850		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Mark David Sullivan President

3-24-07 207 939 7477