

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000009416

Entity Name: NAVILLUS II, INC.

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

12 SILVER SANDS ROAD
RAYMOND, ME 04071

New Principal Place of Business:

Current Mailing Address:

PO BOX 452
RAYMOND, ME 04071

New Mailing Address:

FEI Number: 65-0381514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: VAN CAMPEN, KATHLEEN SULLIVAN
Address: 14 ROCKY POINT ROAD
City-St-Zip: ELIOT, ME 03903

Title: D () Delete
Name: COSTA, NANCY SULLIVAN
Address: 170 WARREN AVE
City-St-Zip: PLYMOUTH, MA 02360

Title: D () Delete
Name: SULLIVAN KINDLER, SHARON R
Address: 23 TURKEY HILLS ROAD SOUTH
City-St-Zip: WESTPORT, CT 06880

Title: D () Delete
Name: SULLIVAN, BRIAN E
Address: P.O. BOX 452 N/A
City-St-Zip: RAYMOND, ME 04071

Title: D () Delete
Name: SULLIVAN, SEAN PATRICK
Address: 8 FAIRVIEW CIRCLE
City-St-Zip: POMFRET CENTER, CT 06259

Title: D () Delete
Name: SULLIVAN, MARK D
Address: 112 FIELDSTONE CIRCLE
City-St-Zip: ITHACA, NY 14850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN E SULLIVAN

PRES

04/07/2009

Electronic Signature of Signing Officer or Director

Date