


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000069361 1. Entity Name KAVANAUGH & KAVANAUGH, INC.	
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Principal Place of Business 14405 S DIXIE HWY MIAMI, FL 33176	Mailing Address 14405 S DIXIE HWY MIAMI, FL 33176
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DO NOT WRITE IN THIS SPACE



03042004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0774921	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOUNDS, BRUCE M ESQ.
2121 PONCE DE LEON BLVD, STE 630
CORAL GABLES, FL 33134-5222**

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000080711 03/08/04-80121-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAVANAUGH, LAWRENCE E 10935 SW 165 TERR MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAVANAUGH, CHRISTOPHER L 10935 SW 165 TERR MIAMI, FL 33157
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **03-04-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #