

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90027 041 \*\*\*150.00

**DOCUMENT # P98000038855**

1. Entity Name  
**CAVALARIS PROPERTIES, INC.**



Principal Place of Business  
**2134 PALM HARBOR BOULEVARD  
B  
PALM HARBOR, FL 34683**

Mailing Address  
**P.O. BOX 612  
PALM HARBOR, FL 34682**

**66019999**



05082006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3510193</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CAVALARIS, MICHAEL  
107 PHILLIPS WAY  
PALM HARBOR, FL 34684**

**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 *[Signature]*  
Signature typed or printed name of registered agent and State if applicable.

(NOTE: Registered Agent signature required when resigning)

6/15/06  
DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 6, 2006**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	CAVALARIS, MICHAEL
STREET ADDRESS	PO BOX 612
CITY-STATE-ZIP	PALM HARBOR, FL 34682

TITLE	
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CITY-STATE-ZIP	

**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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/06  
Date

727 789 0600  
Daytime Phone #