


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000072914 1. Entity Name KAVANAUGH & COMPANY, INC.	
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Principal Place of Business P.O. BOX 1645 DUNEDIN, FL 34697-1645	Mailing Address P.O. BOX 1645 DUNEDIN, FL 34697-1645
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DO NOT WRITE IN THIS SPACE



01172004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2116172	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

**KAVANAUGH, ELYSE
1831 OAK CREEK DRIVE
DUNEDIN, FL 34698**

**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 _____ (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	000000092024 03/18/04-80032-016-150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KAVANAUGH, ELYSE PO BOX 2354 DUNEDIN, FL 346972354
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAVANAUGH, EVAN P O BOX 2354 DUNEDIN, FL 346972354
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAVANAUGH, ALICE PO BOX 2354 DUNEDIN, FL 346972354
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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)(f), 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: Elyse Kavanagh **ELYSE KAVANAUGH** 3/1/04 727-772-8227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT** Date Daytime Phone