2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000072914

1. Entity Name
KAVANAUGH & COMPANY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1645 DUNEDIN, FL 34697-1645	P.O. BOX 1645 DUNEDIN, FL 34697-1645

04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2116172

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KAVANAUGH, ELYSE
1831 OAK CREEK DRIVE
DUNEDIN, FL 34698

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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: Elyse Kavanaugh 4-16-06
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, 2006 Fee will be $550.00

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

000005191222
05/02/06-80041-010 158.75

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	KAVANAUGH, ELYSE
STREET ADDRESS	PO BOX 1662
CITY-ST-ZIP	DUNEDIN, FL 346971662
TITLE	VP
NAME	KAVANAUGH, ELYSE
STREET ADDRESS	P O BOX 1662
CITY-ST-ZIP	DUNEDIN, FL 346971662
TITLE	TREA
NAME	KAVANAUGH, ALICE
STREET ADDRESS	PO BOX 2354
CITY-ST-ZIP	DUNEDIN, FL 346972354
TITLE	SEC
NAME	KAVANAUGH, ALICE
STREET ADDRESS	PO BOX 2354
CITY-ST-ZIP	DUNEDIN, FL 346972354
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Elyse Kavanaugh 4-16-06 727-772-8227
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #