

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000072914

Entity Name: KAVANAUGH & COMPANY, INC.

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

P.O. BOX 1645
DUNEDIN, FL 346971645

New Principal Place of Business:

1831 OAK CREEK DRIVE
DUNEDIN, FL 34698

Current Mailing Address:

P.O. BOX 1645
DUNEDIN, FL 346971645

New Mailing Address:

FEI Number: 52-2116172 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAVANAUGH, ELYSE
1831 OAK CREEK DRIVE
DUNEDIN, FL 34698 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: PT () Delete
Name: KAVANAUGH, ELYSE
Address: PO BOX 1662
City-St-Zip: DUNEDIN, FL 346971662 US

Title: VP () Delete
Name: KAVANAUGH, ELYSE
Address: P O BOX 1662
City-St-Zip: DUNEDIN, FL 346971662 US

Title: TREA () Delete
Name: KAVANAUGH, ALICE
Address: PO BOX 2354
City-St-Zip: DUNEDIN, FL 346972354 US

Title: SEC () Delete
Name: KAVANAUGH, ALICE
Address: PO BOX 2354
City-St-Zip: DUNEDIN, FL 346972354 US

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ELYSE KAVANAUGH

PT

04/13/2007

Electronic Signature of Signing Officer or Director

_____ Date