

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P98000072914

1. Entity Name

KAVANAUGH & COMPANY, INC.



Principal Place of Business

1831 OAK CREEK DRIVE
DUNEDIN, FL 34698

Mailing Address

P.O. BOX 1645
DUNEDIN, FL 34697-1645



01072008

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

**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, 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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

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

U000000783121
01/16/08-80002-004 150.00

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/08

727-772-8227