


2004 FOR PROELT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000066688**

1. Entity Name  
H. K. CAVALIERE INCORPORATED



Principal Place of Business  
1236 KAPOK COVE CIRCLE  
CLEARWATER, FL 33759

Mailing Address  
1236 KAPOK COVE CIRCLE  
CLEARWATER, FL 33759

**DO NOT WRITE IN THIS SPACE**



01302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-3591981

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CAVALIERE, H. K.  
1236 KAPOK COVE CIRCLE  
CLEARWATER, FL 33759

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEC IS \$150.00 After May 1, 2004 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CAVALIERE, HENIDA K
STREET ADDRESS	1236 KAPOK COVE CIRCLE
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000049207  
02/12/04-80070-024 150.00

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 as an attachment with an address, with all other like empowered.

SIGNATURE: Henida K Cavaliere DATE: 02/09/04 DAYTIME PHONE #: 727-669-5527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR