

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



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

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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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 as 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 #