

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
Jan 17, 2006 08:00 AM  
Secretary of State

DOCUMENT # P99000095692

1. Entity Name  
COMPLETE MORTGAGE FINANCING, INC.



Principal Place of Business  
1287 UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071

Mailing Address  
377 NW 104 AVE  
CORAL SPRINGS, FL 33071



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0960154

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

KAVANAUGH, SEAN  
377 NW 104 AVE  
CORAL SPRINGS, FL 33071

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 date 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

1110000383383  
01/20/06-80044-011 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
KAVANAUGH, SEAN  
377 NW 104 AVE  
CORAL SPRINGS, FL 33071

TITLE  
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NAME  
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CITY-ST-ZIP

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

Sean P. Kavanaugh 1/13/06 954 227-8737

Date

Daytime Phone #