

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V46981

Entity Name: BOB CAVANAUGH, INC.

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

14 OCEAN PINES DR.  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 730484  
ORMOND BCH, FL 321730484 US

**New Mailing Address:**

FEI Number: 59-3141644      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CAVANAUGH, ROBERT E  
14 OCEAN PINES DR.  
ORMOND BCH, FL 32174 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: P  
Name: CAVANAUGH, ROBERT E  
Address: 14 OCEAN PINES DR  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR  
Name: CAVANAUGH, BERNADETTE MGR  
Address: 14 OCEAN PINES DR  
City-St-Zip: ORMOND BEACH, FL 32174

I hereby 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 all other like empowered.

SIGNATURE: BERNADETTE CAVANAUGH

MGR

02/10/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date