

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # J80232

1. Entity Name
AVANZINI REALTY, INC.



Principal Place of Business
 3009 E. GULF TO LAKE
 INVERNESS, FL 34453 US

Mailing Address
 3009 E GULF TO LAKE HWY
 INVERNESS, FL 34453



07062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2839447

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MOUNTJOY, S. MICHAEL
 209 COURTHOUSE SQUARE
 INVERNESS, FL 32650

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 restateg)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AVANZINI, CHARLES W. 3009 E GULF TO LAKE HWY INVERNESS, FL 34453
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AVANZINI, RICHARD P 3009 E GULF TO LAKE HWY INVERNESS, FL 34453
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 07/08/04-80016-016 150.00

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

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/2004
Date

Daytime Phone #