


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90013 031 ***150.00


DOCUMENT # 444160
 1. Entity Name
 AVONDALE PROPERTIES, INC.



Principal Place of Business Mailing Address
 P.O. BOX 7691 P.O. BOX 7691
 JACKSONVILLE, FL 32238 US JACKSONVILLE, FL 32238 US

DO NOT WRITE IN THIS SPACE

400-



03072008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1631079	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MILNE, JACK F
 4595 LEXINGTON AVE.
 JACKSONVILLE, FL 32210

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILNE, DOUGLAS J
STREET ADDRESS	4595 LEXINGTON AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VPS
NAME	EVANS, MARY Mary
STREET ADDRESS	4595 LEXINGTON AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	VPT
NAME	MILNE, JACK
STREET ADDRESS	4595 LEXINGTON AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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: DS Milne 4/29/08 906 387 5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #