

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 558609**

1. Entity Name  
**AVAGON CORPORATION**



Principal Place of Business

**1095 JUPITER PARK DR  
SUITE 13  
JUPITER, FL 33458**

Mailing Address

**PO BOX 2890  
JUPITER, FL 33468 US**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number

**59-1871590**

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**

**VIGON, ARNOLD  
1071 BIMINI LANE  
RIVIERA BEACH, FL 33404**

**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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE 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**

**U000000064235  
02/24/04-80005-006 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
VIGON, ARNOLD  
1071 BIMINI LANE  
RIVIERA BEACH, FL 33404**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
PEARSON, DAVID  
121 CYPRESS CORE  
JUPITER, FL 33458**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
VIGON, FRANCES  
1071 BIMINI LANE  
RIVIERA BEACH, FL 33404**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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

DATE

Daytime Phone #