## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED

## Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90176 030 \*\*\*150.00

**DOCUMENT # 558609** 1. Entity Name **AVAGON CORPORATION** Principal Place of Business Mailing Address 50035771 PO BOX 2890 1095 JUPITER PARK DR SUITE 13 JUPITER, FL 33468 US JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-1871590 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VIGON, ARNOLD Box Number is Not Acceptable) 1071 BIMINI LANE RIVIERA BEACH, FL 33404 Windeng Lake Dr. 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 title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CEO TIFLE Delete TITLE ☐ Addition VIGON, ARNOLD NAME NAME 6157 Winding Lake Drive STREET ADDRESS 1071 BIMINI LANE STREET ADDRESS RIVIERA BEACH, FL 33404 CITY-ST-ZIP CUY-ST-ZIP VP ☐ Delete TITLE ☐ Change TITLE ☐ Addition PEARSON, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 121 CYPRESS CORE JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THEF VIGON, FRANCES NAME NAME Winders Lake Drive :ter. Fl 33458 1071 BIMINI LANE STREET ADDRESS STREET ADDRESS RIVIERA BEACH, FL 33404 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

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SIGNATURE AND TYPED OF PRINTED FRAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #