


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 619496</b> 1. Entity Name <b>AVALON GROVES, INC.</b>					
Principal Place of Business <b>P.O BOX 979 OAKLAND FL 34760-0979</b>			Mailing Address <b>107 RED OAK DRIVE HENDERSONVILLE NC 28791 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-1953965</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>WILLIAM R. ENNIS 320 SEAVIEW COURT #1007 MARCO ISLAND FL 34145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				1st MOORE CR2E034 (10/05)	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE _____ <small>(NOTE: Registered Agent signature required when constituting)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May E</b> <b>Added to Fees</b>				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TS ENNIS, MR WILLIAM R 320 SEAVIEW CT, #1007 MARCO ISLAND FL 34145				TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
PD ENNIS, MRS JEAN M 320 SEAVIEW CT, #1007 MARCO ISLAND FL 34145				000000420904 02/16/06-80015-006 150.00	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>W. R. Ennis</u> <b>W. R. ENNIS</b> <u>VP/TA</u> <b>2-4-06</b> <b>828-697-3561</b>					