

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90344 050 \*\*\*150.00

**DOCUMENT # 665207**

1. Entity Name

AVALON MINING, INC.



Principal Place of Business

3333 S. ORANGE AVE.  
SUITE 200  
ORLANDO FL 32806-8500  
US

Mailing Address

P.O. BOX 568821  
ORLANDO FL 32856-8821  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1987878

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTER, MAURY L  
3333 S. ORANGE AVE., SUITE 200  
ORLANDO FL 32806-8500

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ATD  
POITRAS, PATRICIA T  
~~198 HIGHLAND ST~~  
~~HAINES CITY FL~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3100 Springhead Ct  
St Cloud FL 34771 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DS  
CARTER, MAURY L  
2950 SPRINGHEAD CT  
ST CLOUD FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
POITRAS, EDWARD W  
27 LK HAMILTON BCH  
HAINES CITY FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPT  
POITRAS, JAMES W  
~~198 HIGHLAND ST~~  
~~HOLLISTON, MASS 00000~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
3100 Springhead Ct  
St Cloud FL 34771 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
WRAY, PAMELA  
1942 MELVIN  
ORLANDO, FL 00000 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AT  
CHARRON, ROBERT H CPA  
~~446 MAIN STREET~~  
~~WORCESTER MA 01608~~ ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
1400 Computer Dr  
Westborough MA 01581 ☒ Change ☐ Addition

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

Apr 16 05

407/422-3144

Date

Daytime Phone #