

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002181

FILED  
Jan 16, 2004  
Secretary of State

Entity Name: AVONWOOD CAPITAL CORPORATION

**Current Principal Place of Business:**

532 AVONWOOD ROAD  
HAVERFORD, PA 19041

**New Principal Place of Business:**

**Current Mailing Address:**

532 AVONWOOD ROAD  
HAVERFORD, PA 19041

**New Mailing Address:**

FEI Number: 23-2794070

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCD ( ) Delete  
Name: PORTER, JAMES W JR.  
Address: 532 AVONWOOD ROAD  
City-St-Zip: HAVERFORD, PA 19041

Title: D ( ) Delete  
Name: MORELLI, SAMUEL B  
Address: 310 STANTON ROAD  
City-St-Zip: GLEN MILLS, PA 19342

Title: D ( ) Delete  
Name: GAUDIOSO, CHARLES  
Address: 334 KENNET PIKE  
City-St-Zip: CHADDS FORD, PA 19317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. PORTER, JR.

PCD

01/16/2004

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date