

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90050 031 \*\*\*150.00

DOCUMENT # F95000005605

1. Entity Name  
THE AVATAR GROUP, INC.



Principal Place of Business  
10151 DEERWOOD PARK BLVD  
BLDG 200, STE 250  
JACKSONVILLE, FL 32256 US

Mailing Address  
10151 DEERWOOD PARK BLVD  
BLDG 200, STE 250  
JACKSONVILLE, FL 32256 US

**DO NOT WRITE IN THIS SPACE**



03092004 No Chg-P CR2E034 (10/03)

4. FEI Number  
54-1668215

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

KIRCHER, SALLY J  
ONE INDEPENDENT DR., STE. 3303  
JACKSONVILLE, FL 32202-5027

**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 or 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

## 10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	PINES, ALBERT
STREET ADDRESS	7728 WHITE WILLOW
CITY-ST-ZIP	SPRINGFIELD, VA 22153
TITLE	CST
NAME	POWELL, MARGARET
STREET ADDRESS	3965 GADSDEN ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DEV
NAME	STITES, DOUGLAS
STREET ADDRESS	7512 EPSILON DR.
CITY-ST-ZIP	ROCKVILLE, MD 20878
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]*

*Secy/Treas*

*3/15/04*

*9043568415*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #