FILED
May 03, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000003149

1. Entity Name
ORLANDON/AVALON, INC.

Principal Place of Business	Mailing Address
%DRUCKER & FALK 7200 STONEHENGE DR #211 RALEIGH, NC 27613	%DRUCKER & FALK 9286 WARWICK ROAD NEWPORT NEWS, VA 23607

DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
56-1978243
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HUNTER, DANIEL M
243 W PARK AVE #101
WINTER PARK, FL 32789

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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 _____ DATE
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCPT
NAME	FALK, DAVID C SR
STREET ADDRESS	7200 STONEHENGE DR #211
CITY-ST-ZIP	RALEIGH, NC 27613
TITLE	S
NAME	MUNICK, JR JOHN A
STREET ADDRESS	9286 WARWICK BLVD
CITY-ST-ZIP	NEWPORT NEWS, VA 23607
TITLE	S
NAME	STOVALL, BOBBY
STREET ADDRESS	7200 STONEHENGE DR #211
CITY-ST-ZIP	RALEIGH, NC 27613
TITLE	VP
NAME	MUNICK, JR J
STREET ADDRESS	9286 WARWICK BLVD
CITY-ST-ZIP	NEWPORT NEWS, VA 23607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80012-005 150.00

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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: _____ AVP 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #