## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # J10887**

1. Emity Name AVANZINI BUILDERS, INC.



**FILED** Feb 20, 2006 08:00 AM Secretary of State

Principal Place of Business

3009 E GULF TO LAKE INVERNESS, FL 34453 US

Mailing Address

3009 E GULF TO LAKE HWY INVERNESS, FL 34453



Applied For

Not Applicable

## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02032008 No Chg-P

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

6. Name and Address of Current Registered Agent

MOUNTJOY, S. MICHAEL 209 COURTHOUSE SQUARE INVERNESS, FL 32650

## DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2671713

|   |  | }   |   |                                |   |
|---|--|---|---|--------------------------------|---|
| 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 side if applicable. (NOTE: Registered  |  |   | f Agent signature required when reinstating) DATE |                                |   |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2006 Fee will be \$550.00   |  | Election Campaign Financin     Trust Fund Contribution. | g 🗆   | \$5.00 May Be<br>Added to Fees | · · · · · ·                               |
| 10.   | OFFICERS AND DIREC   | TORS  | •   |                                |   |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP   | OD<br>AVANZINI, CHARLES WALTER<br>3009 E GULF TO LAKE HWY<br>INVERNESS, FL 34453 |   |   |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | STO AVANZINI, RICHARD PAUL 3009 E GULF TO LAKE HWY INVERNESS, FL 34453           |   |   |                                | 000000441363<br>03/03/06-80033-012 150.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   | DO                             | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-21P   |  |   | IN THIS SPACE                                     |                                |   |
| THICE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |   |                                |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-TIP  |  |   |   |                                |   |

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutës. 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 507, 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: M