.2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J10887

1. Entity Name

AVANZINI BUILDERS, INC.

Principal Place of Business

3009 E GULF TO LAKE INVERNESS, FL 34453 U

Mailing Address

3009 E GULF TO LAKE HWY INVERNESS, FL 34453

FILED 5 Feb 13, 2008 08:00 Al Secretary of State



DO	NOT	WRITF	IN THIS	SPACE
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01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2671713

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional 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

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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.								
	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Register	red Agent signatur	Agent signature required when reinstating) DATE				
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	CTORS						
TITLE NAME STREET ADDRESS C/TY-ST-ZIP	OD AVANZINI, CHARLES WALTER 3009 E GULF TO LAKE HWY INVERNESS, FL 34453				Hanconoot TEO			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AVANZINI, RICHARD PAUL 3009 E GULF TO LAKE HWY INVERNESS, FL 34453				000000825752 02/21/08-80022-018 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- ·	DO	NOT WRITE			
TITLE Name Street address City-St-Zip				IN T	THIS SPACE			
TITLE Name Street adoress City-St-Zip					·			
TITLE NAME STREET ADDRESS								

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

2/11/2008

352-726-7465

Daytime Phon