## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## FILED Feb 15, 2007 08:00 AM DOCUMENT # J80232 **Secretary of State** AVANZINI REALTY, INC. Principal Place of Business Mailing Address 3009 E. GULF TO LAKE 3009 E GULF TO LAKE HWY INVERNESS, FL 34453 INVERNESS, FL 34453 01152007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2839447 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOUNTJOY, S. MICHAEL DO NOT WRITE 209 COURTHOUSE SQUARE INVERNESS, FL 32650 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 atte if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 U000000637652 <del>92/26/97-88869-886</del> 10. OFFICERS AND DIRECTORS TITLE NAME AVANZINI, CHARLES W. 3009 E GULF TO LAKE HWY STREET ADDRESS CITY-ST-ZIP INVERNESS, FL 34453 STD TITLE AVANZINI, RICHARD P NAME STREET ADDRESS 3009 E GULF TO LAKE HWY CHY-ST-ZIP INVERNESS, FL 34453 mr NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 addyrss, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND OF SIGNING OFFICER OR DIRECTOR

352-726-7465