

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K67610

FILED
May 11, 2004
Secretary of State

Entity Name: AVALON FURNITURE, INC,

Current Principal Place of Business:

% SHERRI K. SMITH
1620 SW 17TH STREET
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

% SHERRI K. SMITH
1620 SW 17TH STREET
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 59-2924656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, SHERRI K
650 SW 98 LANE
OCALA, FL 34476 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, SHERRI K
Address: 650 SW 98 LANE
City-St-Zip: OCALA, FL 34476

Title: VP () Delete
Name: SMITH, TIMOTHY L
Address: 650 SE 98 LANE
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI K. SMITH

PRES

05/11/2004

Electronic Signature of Signing Officer or Director

Date