

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000055551

FILED
Apr 09, 2004
Secretary of State

Entity Name: TRED AVON CORP.

Current Principal Place of Business:

906 HEMINGWAY CIR
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

906 HEMINGWAY CIR
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3672484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STERNS, RANDY K
220 S. FRANKLIN STREET
TAMPA, FL 33602 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHUCK, BRUCE
Address: 12010 MARBLEHEAD DRIVE
City-St-Zip: TAMPA, FL 33626

Title: VTS () Delete
Name: SCHULK, MARGERY
Address: 12010 MARBLEHEAD DR.
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHUCK, BRUCE
Address: 906 HEMINGWAY CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: VTS (X) Change () Addition
Name: SCHULK, MARGERY
Address: 906 HEMINGWAY CIRCLE
City-St-Zip: TAMPA, FL 33602

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: BRUCE SCHUCK

PD

04/09/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date