

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000059681

1. Entity Name
AVAS, INC.



Principal Place of Business
3446 W UNIVERSITY AVE
GAINESVILLE, FL 32607

Mailing Address
3446 W UNIVERSITY AVE
GAINESVILLE, FL 32607

FILED
Jul 17, 2008 08:00 AM
Secretary of State



07162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3654103

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANTOSTEFANO, ANN KELLY
2007 NW 43RD ST
GAINESVILLE, FL 32606

**DO NOT WRITE
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 title if applicable.

(NOTE: Registered Agent signature required when restate.)

DATE

**FILE NOW!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SANTOSTEFANO, VINCE
2007 NW 43RD ST
GAINESVILLE, FL 32606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SANTOSTEFANO, ANN KELLY
2007 NW 43RD ST
GAINESVILLE, FL 32606

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

000000955352
07/17/08-80001-015 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-16-08 352-371-2682