

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000097447

Entity Name: AVALON OF DEERWOOD, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

9866 BAYMEADOWS RD.
SUITE 1
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

9866 BAYMEADOWS RD.
SUITE 1
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3674192

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, DEBRA
2711 PARENTAL HOME RD.
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

BROPHY, MICHELE K V.P.
212 MARTELL COURT
JACKSONVILLE, FL 32259 US

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: MICHELE K. BROPHY

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CARTER, DEBRA
Address: 2711 PARENTAL HOME RD
City-St-Zip: JACKSONVILLE, FL 32216

Title: VPD () Delete
Name: BROPHY, MICHELLE
Address: 9899-6 OLD BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: BROPHY, MICHELE K
Address: 9866-1 OLD BAYMEADOWS RD
City-St-Zip: JACKSONVILLE, FL 32256

Title: SEC () Change (X) Addition
Name: JENNIFER, DELOACH
Address: 9866-1 OLD BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHELE K. BROPHY

VP

04/29/2008

Electronic Signature of Signing Officer or Director

Date