


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 20, 2008 8:00 am
Secretary of State

06-20-2008 90001 036 ***550.00

DOCUMENT # P01000105827 1. Entity Name AVALON YACHT REFINISHERS, INC.			
Principal Place of Business 2030 NE 57TH ST FT. LAUDERDALE FL 33308		Mailing Address 2030 NE 57TH ST FT. LAUDERDALE FL 33308	
2. Principal Place of Business - No P.O. Box # 2426 SE 17th St.		3. Mailing Address 2426 SE 17th St.	
Suite, Apt. #, etc. 105A		Suite, Apt. #, etc. 105A	
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL	
Zip 33316		Zip 33316	
Country U.S.A.		Country U.S.A.	
6. Name and Address of Current Registered Agent HAYES, GARY 2030 NE 57TH ST FT. LAUDERDALE FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reconstituting) <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! - FEE IS \$550.00 DUE BY September 3, 2008 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYES, GARY 2080 NE 57TH ST FORT LAUDERDALE FL 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAYES, GARY 2426 SE 17th St. (105A) Fort Lauderdale, FL, 33316
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		15 June 08 954.683.7676 <small>Date Daytime Phone #</small>	