

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90051 010 ***158.75

DOCUMENT # P03000635901

1. Entity Name

AVALON ELECTRICAL INC



Principal Place of Business

P.O. BOX 3867
SPRING HILL FL 34611
US

Mailing Address

P.O. BOX 3867
SPRING HILL FL 34611
US

2. Principal Place of Business

7351 MANDRAKE ROAD
Suite, Apt. #, etc.

3. Mailing Address

7351 MANDRAKE ROAD
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Weeki Wachee FL

City & State

Weeki Wachee FL

4. FEI Number

30-0161669

Applied For

Not Applicable

Zip

34613

Country

America

Zip

34613

Country

America

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEVY, DAVID
7474 MEAD DR.
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name

DAVID LEVY

Street Address (P.O. Box Number is Not Acceptable)

7351 MANDRAKE ROAD

City

Weeki Wachee

FL

Zip Code

34613

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

David Levy President

1-29-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004: Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEVY, DAVID	
STREET ADDRESS	P.O. BOX 3867	
CITY-ST-ZIP	SPRING HILL FL 34611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID LEVY	
STREET ADDRESS	7351 MANDRAKE ROAD	
CITY-ST-ZIP	Weeki Wachee FL 34613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

David Levy

1-29-04

7275055035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #