


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90299 049 ***150.00

DOCUMENT # P03000065677

1. Entity Name
AVITA COFFEE & PROVISION, INC.



Principal Place of Business
45 NORTH CONGRESS AVENUE, BAY B-3 DELRAY BEACH, FL 33445

Mailing Address
45 NORTH CONGRESS AVENUE, BAY B-3 DELRAY BEACH, FL 33445

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



04182005 Chg-P CR2E034 (10/03)

4. FEI Number
51-0473228

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
CLANCY, JAMES M
15175 MICHELANGELO BLVD, APT. #205 # 202
DELRAY BEACH, FL 33446
BLOKING # 8

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME CLANCY, JAMES E STREET ADDRESS 59 LONE STREET CITY-ST-ZIP MARSHFIELD, MA 02050	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME VERROCHI, MICHAEL J STREET ADDRESS 80 L WASHINGTON SQUARE CITY-ST-ZIP NORWELL, MA 02061	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME MAGNER, BRIAN J STREET ADDRESS 43 BAY PATH LANE CITY-ST-ZIP NORWELL, MA 02061	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME VERROCHI, MICHAEL J STREET ADDRESS 128 PINE STREET CITY-ST-ZIP NORWELL, MA 02061	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME PROUTY, MICHELLE STREET ADDRESS 647 MAIN STREET CITY-ST-ZIP NORWELL, MA 02061	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME CLANCY, JAMES M STREET ADDRESS 15175 MICHELANGELO BLVD., APT. 202 CITY-ST-ZIP DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>BUILDING # 8</i> <i>APT. # 202</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: JAMES E. CLANCY, PRESIDENT DATE: 4-17-05 DAYTIME PHONE #: 561-279-9992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR