


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

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
--	--

DO NOT WRITE IN THIS SPACE



03272008 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0473228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLANCY, JAMES M
15175 MICHELANGELO BLVD,
#202 BLDG #8
DELRAY BEACH, FL 33446

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLANCY, JAMES E 59 LONE STREET MARSHFIELD, MA 02050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VERROCHI, MICHAEL J 80 L WASHINGTON SQUARE NORWELL, MA 02061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAGNER, BRIAN J 43 BAY PATH LANE NORWELL, MA 02061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VERROCHI, MICHAEL J 128 PINE STREET NORWELL, MA 02061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PROUTY, MICHELLE 647 MAIN STREET NORWELL, MA 02061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLANCY, JAMES M 15175 MICHELANGELO BLVD APT 202 BLDG 8 DELRAY BEACH, FL 33446

000000878097
04/14/08-80039-024 150.00

**DO NOT WRITE
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: *JAMES E. CLANCY* **JAMES E. CLANCY, PRES. 3-28-08 561-279-9992**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #