

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065677

FILED
Apr 13, 2009
Secretary of State

Entity Name: AVITA COFFEE & PROVISION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 51-0473228 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLANCY, JAMES E
Address: 59 LONE STREET
City-St-Zip: MARSHFIELD, MA 02050

Title: T () Delete
Name: VERROCHI, MICHAEL J
Address: 80 L WASHINGTON SQUARE
City-St-Zip: NORWELL, MA 02061

Title: VP () Delete
Name: MAGNER, BRIAN J
Address: 43 BAY PATH LANE
City-St-Zip: NORWELL, MA 02061

Title: VP () Delete
Name: VERROCHI, MICHAEL J
Address: 128 PINE STREET
City-St-Zip: NORWELL, MA 02061

Title: VP () Delete
Name: PROUTY, MICHELLE
Address: 647 MAIN STREET
City-St-Zip: NORWELL, MA 02061

Title: VP () Delete
Name: CLANCY, JAMES M
Address: 15175 MICHELANGELO BLVD APT 202 BLDG 8
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: JAMES E. CLANCY

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date