


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # P03000140391	
1. Entity Name AVALON BUILDERS GROUP, INC.	

Principal Place of Business 5001 COMMERCE PARK CIR PENSACOLA, FL 32505	Mailing Address 5001 COMMERCE PARK CIR PENSACOLA, FL 32505
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DO NOT WRITE IN THIS SPACE



04292007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0432118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**FIGOLAH, JAMES
5001 COMMERCE PARK CIR
PENSACOLA, FL 32505**

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000754375 05/22/07-80057-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE D	NAME BARNES, JOEY L	STREET ADDRESS 5001 COMMERCE PARK CIR	CITY-ST-ZIP PENSACOLA, FL 32505
TITLE D	NAME BARNES, JAMES K	STREET ADDRESS 5001 COMMERCE PARK CIR	CITY-ST-ZIP PENSACOLA, FL 32505
TITLE D	NAME FIGOLAH, JAMES	STREET ADDRESS 5001 COMMERCE PARK CIR	CITY-ST-ZIP PENSACOLA, FL 32505
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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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:  **4/29/07 850-989-9200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR