## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 15, 2004 8:00 am Secretary of State

DOCUMENT # P03000148114  1. Entity Name AVALON GUTTER, INC.								02-26-200	04 90019 0	i39 ***1	.50.00
Principal Place of Business 4368 CHANTILLY WAY MILTON, FL 32583 US			4368 C	Mailing Address 4368 CHANTILLY WAY MILTON, FL 32583 US			66406101				
2. Principal P	face of Busin	3. Mailing	3. Mailing Address								
Suite, Apt. #, etc.			Suite, A	Suite, Apt. #, etc.			02182004	Chg-P	CR2E034	(10/03)	
City & State			City & S	City & State			2500	4553	85		plied For Applicable
Zip	Country		Zip			try		e of Status Desired	Fe	B.75 Add to Required	
	6. Name	and Address of Curren	t Registered /		7. Name and Address of New Registered Agant						
MCGUFFIN, JESSIE											
4368 CHAI MILTON, F						Streel Address (P.O. Box Number is Not Acceptable)					
34						City FL Zip Code					
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.											
SKINATURE Significate, typed or printed name of registered agent and title if applicable. (INDTE: Registered Agent agriculter required when remaining) OATE											
FILE NOWIN FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  P. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees											
10.	<u> </u>	OFFICERS AN	D DIRECTORS	· · · · · · · · · · · · · · · · · · ·	11.		ADDITIONS	CHANGES TO OF			IN 11
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12. I hereby certify that the information supplied with this filling 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 each; that I am an officer or director.											
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 cath; that i am an officer or director of the composition or theyfocelver 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: CLESSIE MCAM 8/03/04 850-626/1147											
	_	MODATURE AND TYPED O	PRINTED HANG	OF SIGNAL OFFICEN O	A DIAECT	TOA		Date	Day	me Phone s	

Jessie McGuffin