

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000086795
 1. Entity Name
AVIGNON FINE ART, INC.



Principal Place of Business
1200 N SHORE DR
EUSTIS, FL 32727

Mailing Address
P.O. BOX 964
EUSTIS, FL 32727



07102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2463181

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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)
 U00000569809
 07/13/06-80004-006-150.00

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD AUVINEN, DONALD R 1200 N SHORE DR EUSTIS, FL 32727
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/11/06 352-509-2362
 Date Daytime Phone #