

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000051030

FILED
Apr 24, 2008
Secretary of State

Entity Name: AVALON HOMES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

4945 SOUTHFORK DR.
LAKELAND, FL 33813

New Principal Place of Business:

256 N. KENTUCKY AVE.
LAKELAND, FL 33801

Current Mailing Address:

P O BOX 7577
LAKELAND, FL 33807

New Mailing Address:

FEI Number: 65-1247734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD () Delete
Name: BROWN, MARK D
Address: 4945 SOUTHFORK DR.
City-St-Zip: LAKELAND, FL 33813

Title: VTDS () Delete
Name: CHAMBERS, TRAVIS L
Address: 4945 SOUTHFORK DR.
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTDS (X) Change () Addition
Name: CHAMBERS, TRAVIS L
Address: P O BOX 7577
City-St-Zip: LAKELAND, FL 33807

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: TRAVIS CHAMBERS

VTDS

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date