

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000040019

Entity Name: AVALON ASSOCIATES, INC.

FILED
May 01, 2005
Secretary of State

Current Principal Place of Business:

3921 SW 47 AVE
1010
DAVIE, FL 33314 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 292037
DAVIE, FL 33329 US

New Mailing Address:

FEI Number: 65-0505236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTINE, FORMAN
888 SE THIRD AVE
SUITE 501
FORT LAUDERDALE, FL 33316 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OLIVER, ALISON
Address: 3921 SW 47 AVE
City-St-Zip: DAVIE, FL 33314

Title: VTS () Delete
Name: FORMAN, CHRISTINE
Address: 888 S.E. 3RD AVE #501
City-St-Zip: FT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: ALISON OLIVER

P

05/01/2005

Electronic Signature of Signing Officer or Director

Date