


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000070745 1. Entity Name AVALON PARK-WAREHOUSES, INC.		
Principal Place of Business 3996 AVALON BLVD. MILTON, FL 32570 US	Mailing Address P.O. BOX #953 MILTON, FL 32572 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BACH, ALFONS 3996 AVALON BLVD. MILTON, FL 32570		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000562728 05/19/06-80067-001 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS BACH, ALFONS S. 3996 AVALON BLVD. MILTON, FL 32583	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCGHEE, ANGELA 3996 AVALON BLVD. MILTON, FL 32583	
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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: <u>Alfonso S. Bach By State P.O.A. Alfonso S. Bach</u> 5/1/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <u>5/1/06</u> <small>Daytime Phone #</small> <u>850-626-04</u>



05012006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3269560

Applied For
Not Applicable

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