

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90019 001 ***220.00

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1. Entity Name
 AVALON BUILDING CORPORATION OF TAMPA BAY



Principal Place of Business
 905 M.L. KING JR. DR.
 STE 250
 TARPON SPRINGS, FL 34689 US

Mailing Address
 P. O. BOX 2501
 TARPON SPRINGS, FL 34688

DO NOT WRITE IN THIS SPACE



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3308784	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZUCKERMAN, RALPH
 1716 HERMIT THRUSH CIRCLE
 PALM HARBOR, FL 34683

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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 Ralph Zuckerman, Pres
Signature, typed or printed name of registered agent and title if applicable.

1-25-07
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ZUCKERMAN, RALPH 1716 HERMIT THRUSH CIRCLE PALM HARBOR, FL 34683
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: Ralph Zuckerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-07 727
Date Daytime Phone #