

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 18, 2005 08:00 AM
Secretary of State**

DOCUMENT # P98000014155

**1. Entity Name
AVALON BEACH INN, INC.**



Principal Place of Business

**2672 AVALON BLVD.
MILTON, FL 32583**

Mailing Address

**7512 LAKESIDE DRIVE
MILTON, FL 32583**



04162005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3565053

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KAUFMANN, SCOTT M
7512 LAKESIDE DRIVE
MILTON, FL 32583**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when rechartering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE D
NAME KAUFMAN, SCOTT M
STREET ADDRESS 7512 LAKESIDE DRIVE
CITY-ST-ZIP MILTON, FL 32583**

**TITLE
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STREET ADDRESS
CITY-ST-ZIP**

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04/18/05-80096-012 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

Scott Kaufmann

4/15/05

Date

850 712 9978

Daytime Phone #