

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 08:00 AM
Secretary of State

DOCUMENT # V01579 1. Entity Name AVALON MANAGEMENT GROUP, INC.	
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Principal Place of Business 3220 AVALON BOULEVARD MILTON, FL 32583 US	Mailing Address 3220 AVALON BOULEVARD MILTON, FL 32583 US
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09012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3112659	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, JANE
3220 AVALON BLVD
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

Jane Miller
Signature, typed or printed name of registered agent and 80% applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9-4-04

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

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	D DUDLEY, STEWART R 2101 MAGNOLIA AVE S SUITE 300 BIRMINGHAM, AL 35205
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JANE 3220 AVALON BOULEVARD MILTON, FL 32583
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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09/08/04-80002-019 550.00

**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)(i), 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 667, 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

[Signature]
Date

Date

205-326-0402
Daytime Phone #

Daytime Phone #