

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # V20020

1. Entity Name
AVALON WELLNESS ENTERPRISES, INC.



Principal Place of Business
1132 EDGEWOOD AVE SOUTH
JACKSONVILLE, FL 32205 US

Mailing Address
1132 EDGEWOOD AVE SOUTH
JACKSONVILLE, FL 32205 US



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3113950

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARROSCIA, PATRICIA L.
1132 EDGEWOOD AVE SOUTH
JACKSONVILLE, FL 32205

**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 Patricia L Carroscia Patricia L Carroscia 04/22/2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! - FEE IS \$150.00
After May-1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

U00000126824
04/23/04-80049-021 158.75

10. OFFICERS AND DIRECTORS

TITLE D
NAME CARROSCIA, PATRICIA L.
STREET ADDRESS 1132 EDGEWOOD AVE SOUTH
CITY-ST-ZIP JACKSONVILLE, FL 32205

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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 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: Patricia L Carroscia Patricia L Carroscia 04/22/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #