

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H95019**

1. Entity Name  
**AVON PARK, INC.**



Principal Place of Business

**% ARVIL DOBSON  
2509 PLANTSIDE DR.  
LOUISVILLE, KY 40299**

Mailing Address

**% ARVIL DOBSON  
2509 PLANTSIDE DR.  
LOUISVILLE, KY 40299**



01052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FE# Number  
**61-1119352**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DOBSON, ARVIL  
37 BROOK CIR  
LEESBURG, FL 34748**

**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 fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

1100000390722  
01/24/06-80010-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WILSON, GERALD  
2509 PLANTSIDE DRIVE  
LOUISVILLE, KY**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
WATKINS, JIM A.  
2509 PLANTSIDE DRIVE  
LOUISVILLE, KY**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DAS  
DOBSON, ARVIL  
2509 PLANTSIDE DRIVE  
LOUISVILLE, KY**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
HALL, KELLY  
2509 PLANTSIDE DRIVE  
LOUISVILLE, KY**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**O  
HARDING, NEAL  
2509 PLANTSIDE DRIVE  
LOUISVILLE, KY**

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: Arvil Dobson, ARVIL DOBSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/5/2006 502-499-9915x10**