


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H95019</b> 1. Entity Name <b>AVON PARK, INC.</b>	
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Principal Place of Business <b>% ARVIL DOBSON 2509 PLANTSIDE DR. LOUISVILLE, KY 40299</b>	Mailing Address <b>% ARVIL DOBSON 2509 PLANTSIDE DR. LOUISVILLE, KY 40299</b>
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**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>61-1119352</b>	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>DOBSON, ARVIL 37 BROOK CIR LEESBURG, FL 34748</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>U00000584850 01/12/07-80055-010 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILSON, GERALD 2509 PLANTSIDE DRIVE LOUISVILLE, KY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WATKINS, JIM A. 2509 PLANTSIDE DRIVE LOUISVILLE, KY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAS DOBSON, ARVIL 2509 PLANTSIDE DRIVE LOUISVILLE, KY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HALL, KELLY 2509 PLANTSIDE DRIVE LOUISVILLE, KY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O HARDING, NEAL 2509 PLANTSIDE DRIVE LOUISVILLE, KY</b>
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 **PRESIDENT ARVIL DOBSON** 1/9/2007 502-499-9915  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **X110**