

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005307

FILED
Jan 31, 2006
Secretary of State

Entity Name: THE AVIAN RECONDITIONING CENTER, INC.

Current Principal Place of Business:

323 LESTER RD
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 296
APOPKA, FL 32704

New Mailing Address:

FEI Number: 59-3661793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCORKLE, CAROL V
351 W. LESTER RD
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MCCORKLE, SCOTT
Address: 351 W. LESTER RD
City-St-Zip: APOPKA, FL 32712

Title: DVP () Delete
Name: MCCORKLE, CAROL V
Address: 351 W. LESTER RD
City-St-Zip: APOPKA, FL 32712

Title: DT () Delete
Name: VEENEMAN, ROBERT L
Address: 4710 GLEASON AVE
City-St-Zip: SARASOTA, FL 33581

Title: DS () Delete
Name: CORKHILL, LINDA
Address: 9718 KILGORE RD
City-St-Zip: ORLANDO, FL 32836

Title: D () Delete
Name: ARMSTRONG, KENT
Address: 1209 BRENTWOOD CT.
City-St-Zip: PORT ORANGE, FL 32129

Title: D () Delete
Name: KETTLES, DOUG
Address: 101 COVE LAKE DR
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: PRICE, CAROLYN
Address: 2916 AUTUMWOOD TRAIL
City-St-Zip: APOPKA, FL 32703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL V. MCCORKLE

VP

01/31/2006

Electronic Signature of Signing Officer or Director

Date