

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005307

FILED  
Mar 11, 2008  
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:**

323 W LESTER RD  
APOPKA, FL 32712

**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: DUNN, CAROLYN  
Address: 2916 AUTUMWOOD TRAIL  
City-St-Zip: APOPKA, FL 32703

Title: D ( ) Delete  
Name: SCALA, TAMMY  
Address: 155 E FAITH TERRACE  
City-St-Zip: MAITLAND, FL 32751

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

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 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

DVP

03/11/2008

Electronic Signature of Signing Officer or Director

Date