


2007 FOR PROFIT CORPORATION. ANNUAL REPORT (AR)

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90069 040 ***150.00

DOCUMENT # P01000060493			
1. Entity Name AVERY CONSULTING, INC.			
Principal Place of Business 1120 E. AVERY ST. PENSACOLA FL 32503		Mailing Address 1120 E. AVERY ST. PENSACOLA FL 32503	
2. Principal Place of Business - No P.O. Box # 1521 N. 14th Ave.		3. Mailing Address P.O. Box 2696	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32503	Country	Zip 32513	Country
6. Name and Address of Current Registered Agent DONOVAN, TIMOTHY 1120 E. AVERY ST. PENSACOLA FL 32503		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	



1st MOORE CR2E034 (10/06)

4. FEI Number **59-3731368** Applied For
Not Applicable

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

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 *Timothy J. Donovan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/23/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DONOVAN, TIMOTHY 1120 E. AVERY ST. PENSACOLA FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Timothy J. Donovan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/07
Date

850-470-9300
Daytime Phone #