

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000054803

Entity Name: TOM AVERY ENTERPRISES, INC.

FILED  
Apr 16, 2009  
Secretary of State

**Current Principal Place of Business:**

5760 SHIRLEY STREET  
SUITE 9  
NAPLES, FL 341091820 US

**New Principal Place of Business:**

5771 BUR OAKS LANE  
NAPLES, FL 341191317 US

**Current Mailing Address:**

5760 SHIRLEY STREET  
SUITE 9  
NAPLES, FL 341091820 US

**New Mailing Address:**

5771 BUR OAKS LANE  
NAPLES, FL 341191317 US

FEI Number: 81-0590094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AVERY, TOM  
5760 SHIRLEY STREET  
SUITE 9  
NAPLES, FL 341091820 US

**Name and Address of New Registered Agent:**

AVERY, TOM  
5771 BUR OAKS LANE  
NAPLES, FL 341191317 US

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: TOM AVERY

04/16/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AVERY, TOM  
Address: 5760 SHIRLEY STREET  
City-St-Zip: NAPLES, FL 341091820 US

Title: V ( ) Delete  
Name: AVERY, JOANN  
Address: 5760 SHIRLEY STREET  
City-St-Zip: NAPLES, FL 341091820

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: AVERY, TOM  
Address: 5771 BUR OAKS LANE  
City-St-Zip: NAPLES, FL 341191317 US

Title: V (X) Change ( ) Addition  
Name: AVERY, JOANN  
Address: 5771 BUR OAKS LANE  
City-St-Zip: NAPLES, FL 341191317 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO ANN AVERY

V

04/16/2009

Electronic Signature of Signing Officer or Director

Date