



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90078 011 ***158.75

DOCUMENT # P04000059236 1. Entity Name AVERY PARTNERSHIP, INC.					
Principal Place of Business 2173 LAUREL RUN DRIVE OCALA, FL 34471 US			Mailing Address 2173 SE LAUREL RUN DRIVE OCALA, FL 34471 US		
2. Principal Place of Business 2415 SE 22ND PLACE Suite, Apt. #, etc.		3. Mailing Address 2415 SE 22ND PLACE Suite, Apt. #, etc.			
City & State OCALA, FL. Zip 34471		City & State OCALA, FL. Zip 34471		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AVERY, D'ANN L 2173 SE LAUREL RUN DRIVE OCALA, FL 34471			7. Name and Address of New Registered Agent Name AVERY, D'ANN L. Street Address (P.O. Box Number is Not Acceptable) 2415 SE 22ND PLACE City OCALA FL 34471		
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: <u><i>D'Ann L. Avery</i></u> 8/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AVERY, D'ANN L 2173 SE LAUREL RUN DRIVE OCALA, FL 34471 <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 exemption stated in Section 119.07(3)(i), 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: <u><i>D'Ann L. Avery</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/10/05 <u>352-622-8374</u> <small>Date Daytime Phone #</small>		