

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000021322

1. Entity Name
AVON PARK PREMISES, INC.



Principal Place of Business
2211 OKEECHOBEE ROAD
FORT PIERCE, FL 33450 US

Mailing Address
ATTN: ACCOUNTING
2810 SOUTH U.S. #1
FORT PIERCE, FL 34982 US

FILED
Apr 02, 2007 08:00 AM
Secretary of State



03222007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2850988

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLACKWICH, ALAN S SR.
4100 20TH STREET
VERO BEACH, FL 32960

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

04/06/07-80058-015 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, VERNON D
STREET ADDRESS 2211 OKEECHOBEE ROAD
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE STD
NAME BROWN, TIM E
STREET ADDRESS 2211 OKEECHOBEE ROAD
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE VPD
NAME ROBBINS, CINDY M
STREET ADDRESS 2211 OKEECHOBEE ROAD
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #