


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # P06000008098 1. Entity Name AVON HEAVY TRUCK REPAIR, INC.	
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Principal Place of Business 204 N CENTRAL AVE AVON PARK, FL 33825 US	Mailing Address 2719 N. BRANDON RD. AVON PARK, FL 33825 US
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DO NOT WRITE IN THIS SPACE



03262008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4123878	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**NORTON, KYLE W
2719 N BRANDON RD
AVON PARK, FL 33825**

**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 *Kyle Norton* (NOTE: Registered Agent signature required when reinstating) DATE 4/7/08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000339222 04/22/08-80072-009 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORTON, KYLE W 2719 N BRANDON RD AVON PARK, FL 33825
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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: *Kyle Norton* **4/7/08** **863-453-4284**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #