

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90019 017 ***150.00

DOCUMENT # P06000156300

1. Entity Name

AVT RANCH, INC.



Principal Place of Business

6702 BROKEN ARROW TR S
LAKELAND FL 33813

Mailing Address

6702 BROKEN ARROW TR S
LAKELAND FL 33813



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0615006

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, JASON A
127 BLUE HERON CT
DAVENPORT FL 33837

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 date. If applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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 PVST ☐ Delete
NAME THOMAS, VIOLA
STREET ADDRESS 6702 BROKEN ARROW TR S
CITY-ST-ZIP LAKELAND FL 33813

TITLE PRESIDENT ☐ Change ☐ Addition
NAME VIOLA THOMAS
STREET ADDRESS SAME
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VICE PRESIDENT ☒ Change ☒ Addition
NAME BRIAN LEWIS
STREET ADDRESS 6636 BROKEN ARROW TRAIL S
CITY-ST-ZIP LAKELAND, FL 33813

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SECRETARY ☒ Change ☒ Addition
NAME JASON LEWIS
STREET ADDRESS 127 BLUE HERON CT
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TREASURER ☒ Change ☒ Addition
NAME VIOLA THOMAS
STREET ADDRESS 6702 BROKEN ARROW TR S
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Viola Thomas President
VIOLA THOMAS

2-28-08

Date

Daytime Phone #