

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000156300

Entity Name: AVT RANCH, INC.

FILED
Jan 12, 2009
Secretary of State

Current Principal Place of Business:

6702 BROKEN ARROW TR S
LAKELAND, FL 33813

New Principal Place of Business:

6702 BROKEN ARROW TRAIL S
LAKELAND, FL 33813 US

Current Mailing Address:

6702 BROKEN ARROW TR S
LAKELAND, FL 33813

New Mailing Address:

6702 BROKEN ARROW TRAIL S
LAKELAND, FL 33813 US

FEI Number: 59-0615006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, JASON A
127 BLUE HERON CT
DAVENPORT, FL 33837 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: THOMAS, VIOLA
Address: 6702 BROKEN ARROW TR S
City-St-Zip: LAKELAND, FL 33813

Title: VP () Delete
Name: LEWIS, BRIAN
Address: 6636 BROKEN ARROW TRAIL S
City-St-Zip: LAKELAND, FL 33813

Title: S () Delete
Name: LEWIS, JASON
Address: 129 BLUE HERON CT
City-St-Zip: DAVENPORT, FL 33837

Title: T () Delete
Name: THOMAS, VIOLA
Address: 6702 BROKEN ARROW TRAIL S
City-St-Zip: DAVENPORT, FL 33837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: THOMAS, VIOLA
Address: 6702 BROKEN ARROW TRAIL S
City-St-Zip: LAKELAND, FL 33813 US

Title: VP (X) Change () Addition
Name: LEWIS, BRIAN
Address: 6636 BROKEN ARROW TRAIL S
City-St-Zip: LAKELAND, FL 33813 US

Title: S (X) Change () Addition
Name: LEWIS, JASON
Address: 127 BLUE HERON CT
City-St-Zip: DAVENPORT, FL 33837 US

Title: T (X) Change () Addition
Name: THOMAS, VIOLA
Address: 6702 BROKEN ARROW TRAIL S
City-St-Zip: LAKELAND, FL 33813 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: LEWIS, BRIAN

VP

01/12/2009

Electronic Signature of Signing Officer or Director

Date