

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000101700

Entity Name: AVENGER CAPITAL, INC.

FILED  
Jan 30, 2009  
Secretary of State

## Current Principal Place of Business:

103 WEST DAMPIER STREET  
INVERNESS, FL 34450 US

## New Principal Place of Business:

19225 HIAWATHA ROAD  
ODESSA, FL 33556 US

## Current Mailing Address:

POST OFFICE BOX 782  
HERNANDO, FL 34442

## New Mailing Address:

19225 HIAWATHA ROAD  
ODESSA, FL 33556 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHANNON J. LAVIANO, PA  
103 W. DAMPIER STREET  
INVERNESS, FL 34450 US

## Name and Address of New Registered Agent:

SLOAN, NANCY  
5031 N. CROSSGATE POINT  
BEVERLY HILLS, FL 34465 US

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: NANCY SLOAN

01/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LAVIANO, SHANNON J  
Address: 103 W. DAMPIER STREET  
City-St-Zip: INVERNESS, FL 34450 US

Title: VP ( ) Delete  
Name: SLOAN, NANCY  
Address: 7601 N. FLORIDA AVENUE  
City-St-Zip: CITRUS SPRINGS, FL 34434 US

Title: S ( ) Delete  
Name: DEPERTE, ANN MARIE  
Address: 19225 HIAWATHA ROAD  
City-St-Zip: ODESSA, FL 33556 US

Title: T ( ) Delete  
Name: GALARNEAU, LOIS ANN  
Address: 3283 LEMA DRIVE  
City-St-Zip: SPRING HILL, FL 34609 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DEPERTE, ROBERT  
Address: 19225 HIAWATHA ROAD  
City-St-Zip: ODESSA, FL 33556 US

Title: VP (X) Change ( ) Addition  
Name: SLOAN, NANCY  
Address: 5031 N. CROSSGATE POINT  
City-St-Zip: BEVERLY HILLS, FL 34465 US

Title: S (X) Change ( ) Addition  
Name: DEPERTE, ANN MARIE  
Address: 19225 HIAWATHA ROAD  
City-St-Zip: ODESSA, FL 33556 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT DEPERTE

PRES

01/30/2009

Electronic Signature of Signing Officer or Director

Date