


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000014933 1. Entity Name AVA & RUFUS, INC.	
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Principal Place of Business 2552 TOMOKA FARMS ROAD DAYTONA BEACH, FL 32124	Mailing Address 4606 CLYDE MORRIS BLVD SUITE 1-N PORT ORANGE, FL 32129
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01032006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3437676	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent KLEINSCHMIDT, CHARLES H 721 S KIRKMAN RD ORLANDO, FL 32811

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE 02/03/06
Signature, typed or printed name of registered agent and title if applicable. U00000402495
02/03/06-80011-005 150.00

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LAPHAM, DIANE 2552 TOMOKA FARMS ROAD DAYTONA BEACH, FL 32124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLEINSCHMIDT, CHARLES H 721 S. KIRKMAN RD. ORLANDO, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATSON, LINDA M 4606 CLYDE MORRIS BLVD, # 1-N PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: [Signature] Diane Lapham 1/20/06 386-763-2589
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #