


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000084078

1. Entity Name
 AVERY'S USED CARS & TRUCKS, INC.



Principal Place of Business Mailing Address

2901 SWINDELL ROAD 2901 SWINDELL ROAD
 LAKELAND, FL 33805 LAKELAND, FL 33805

DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0790472 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AVERY, ARTHUR B JR
 2901 SWINDELL ROAD
 LAKELAND, FL 33805

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 _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AVERY, ARTHUR B JR
STREET ADDRESS	2901 SWINDELL ROAD
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	D
NAME	AVERY, ARTHUR B III
STREET ADDRESS	2901 SWINDELL RD
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	D
NAME	KEEN, PHYLLIS L
STREET ADDRESS	2901 SWINDELL RD
CITY-ST-ZIP	LAKELAND, FL 33805
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000107448
 04/09/04-80014-019 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4-6-04 863.682.4195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #