


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
*AK #*  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000084078</b> 1. Entity Name <b>AVERY'S USED CARS &amp; TRUCKS, INC.</b>	
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Principal Place of Business <b>2901 SWINDELL ROAD LAKELAND FL 33805</b>	Mailing Address <b>2901 SWINDELL ROAD LAKELAND FL 33805</b>
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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City & State  Zip Country	City & State  Zip Country
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4. FEI Number <b>65-0790472</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>AVERY, ARTHUR B JR 2901 SWINDELL ROAD LAKELAND FL 33805</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	
TITLE	D <input type="checkbox"/> Delete
NAME	AVERY, ARTHUR B JR
STREET ADDRESS	2901 SWINDELL ROAD
CITY - ST - ZIP	LAKELAND FL 33805
TITLE	D <input type="checkbox"/> Delete
NAME	AVERY, ARTHUR B III
STREET ADDRESS	2901 SWINDELL RD
CITY - ST - ZIP	LAKELAND FL 33805
TITLE	D <input type="checkbox"/> Delete
NAME	KEEN, PHYLLIS L
STREET ADDRESS	2901 SWINDELL RD
CITY - ST - ZIP	LAKELAND FL 33805
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000320623
STREET ADDRESS	04/21/05-80045-009 150.00
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Phyllis L Keen VP* Date: *4-19-05 863 682 4195*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #