


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90046 007 ***150.00

DOCUMENT # P97000084078

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



Principal Place of Business Mailing Address
2901 SWINDELL ROAD 2901 SWINDELL ROAD
LAKELAND, FL 33805 LAKELAND, FL 33805

60040100



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03122007 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent
AVERY, ARTHUR B JR 2901 SWINDELL ROAD LAKELAND, FL 33805	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVERY, ARTHUR B JR	NAME	
STREET ADDRESS	2901 SWINDELL ROAD	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33805	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVERY, ARTHUR B III	NAME	
STREET ADDRESS	2901 SWINDELL RD	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33805	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEN, PHYLLIS L	NAME	
STREET ADDRESS	2901 SWINDELL RD	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 33805	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Abbott	NAME	
STREET ADDRESS	4060 ST 12d 62	STREET ADDRESS	
CITY-ST-ZIP	Bowling Green FL 33873	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: J. R. K. Date: 3/12/07 Daytime Phone #: 863-682-4195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #