

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90005 006 ***150.00

DOCUMENT # S69400

1. Entity Name
A.V.T. INVESTMENTS, INC.



Principal Place of Business
**3987 N W ST, UNIT #13
PENSACOLA, FL 32505**

Mailing Address
**PO BOX 17898
PENSACOLA, FL 32522-7898**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262006

Chg-P

CR2E034 (11/05)

4. FEI Number
59-3089394

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARACO, JR, J H
3987 N W STREET, UNIT #13
PENSACOLA, FL 32505**

7. Name and Address of New Registered Agent

Name **Ronald Anthony BAROCO**
Street Address (P.O. Box Number is Not Acceptable)
**6706 N. 9th AVE
Bldg D-22**
City **Pensacola FL** Zip Code **32504**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	SD	<input type="checkbox"/> Delete
NAME	WILLIS, VICKI BAROCO	
STREET ADDRESS	242 SABINE DR	
CITY-ST-ZIP	PENSACOLA BEACH, FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NOONAN, MARY ANTONIA B.	
STREET ADDRESS	1301 SOUNDVIEW TRAIL	
CITY-ST-ZIP	GULF BREEZE, FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BAROCO, RONALD ANTHONY	
STREET ADDRESS	14320 RIVER ROAD	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAROCO, J H JR	
STREET ADDRESS	6706 N. 9TH AVE.	
CITY-ST-ZIP	PENSACOLA, FL	
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	VAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vicki Ann BAROCO	
STREET ADDRESS	1182 E. CALEVIEW ST.	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANTONIA B. NOONAN	
STREET ADDRESS	1301 SOUNDVIEW TRAIL	
CITY-ST-ZIP	GULF BREEZE FL. 32561	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronald Anthony Baroco	
STREET ADDRESS	14320 River Road	
CITY-ST-ZIP	Pensacola, FL. 32507	
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 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/06 850-529-4331