

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000126882**  
 1. Entity Name  
 SUTTON CUSTOM AUDIO VIDEO, INC.



Principal Place of Business: 1302 N. FIELDLARK LANE, HOMESTEAD, FL 33035  
 Mailing Address: 1302 N. FIELDLARK LANE, HOMESTEAD, FL 33035



04112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number: 88-0515957 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SUTTON, JAMES M  
 1302 N. FIELDLARK LANE  
 HOMESTEAD, FL 33035

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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: *Carma Sutton* DATE: 4/12/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

1000000308564  
 04/16/05-80003-004 158.75

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SUTTON, CARMA J
STREET ADDRESS	1302 N. FIELDLARK LANE
CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	VSD
NAME	SUTTON, JAMES M
STREET ADDRESS	1302 N. FIELDLARK LANE
CITY-ST-ZIP	HOMESTEAD, FL 33035
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 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: *Carma Sutton* DATE: 4/12/05 (305) 979-6583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #