


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2007 08:00 A**  
**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

**DO NOT WRITE IN THIS SPACE**



02132007 No Chg-P CR2E034 (11/05)

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

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	

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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: Carma Sutton DATE: 2/13/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 305 242-5652