

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90061 008 ***158.75



DOCUMENT # P04000105058
 1. Entity Name
ADVANCE AUDIO & VIDEO SYSTEMS, INC.

Principal Place of Business Mailing Address
929 MARINA DRIVE **929 MARINA DRIVE**
PANAMA CITY BEACH, FL 32408 **PANAMA CITY BEACH, FL 32408**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
409 VENETIAN WAY **409 VENETIAN WAY**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
PANAMA CITY, FL **PANAMA CITY, FL**
 Zip Country Zip Country
32405 **FL** **32405** **FL**

4. FEI Number Applied For
34-2007952 Not Applicable

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

04092008 Chg-P CR2E034 (12/06)



6. Name and Address of Current Registered Agent
MCLNTUFF, STEVEN J
929 MARINA DRIVE
PANAMA CITY BEACH, FL 32408

7. Name and Address of New Registered Agent
 Name **MCINTURFF, STEVEN J**
 Street Address (P.O. Box Number is Not Acceptable)
409 VENETIAN WAY
 City **PANAMA CITY** FL Zip Code **32405**

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: *Steve McInturff* DATE: 4-9-08
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, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	D MCINTURFF, STEVEN J 409 VENETIAN WAY PANAMA CITY, FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NO CHANGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYLES, JAMES G 929 MARINA DRIVE PANAMA CITY BEACH, FL 32408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAYLES, JAMES G 7410 KINGMAN ST PANAMA CITY BEACH FL 32408 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Steve McInturff* Date: 4-9-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #