


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90192 015 ***150.00

DOCUMENT # P06000069675							
1. Entity Name AVC SERVICE, SOLUTIONS & CONSULTANTS, INC.							
Principal Place of Business 2710 DEL PRADO BLVD. SOUTH 2-318 CAPE CORAL, FL 33904		Mailing Address 2710 DEL PRADO BLVD. SOUTH 2-318 CAPE CORAL, FL 33904					
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	01082007 Chg-P CR2E034 (12/06) 4. FEI Number 20-4902627 <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
ZIGO, FRANCIS 520 S.E. 32ND TERRACE CAPE CORAL, FL 33904			7. Name and Address of New Registered Agent				
			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City	FL	Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ZEMANSKI, ROBERT		NAME				
STREET ADDRESS	1140 S.W. 8TH STREET		STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 33991		CITY-ST-ZIP				
TITLE	S/T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ZIGO, FRANCIS		NAME				
STREET ADDRESS	520 S.E. 32ND TERRACE		STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL, FL 33904		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		
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CITY-ST-ZIP			CITY-ST-ZIP				
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CITY-ST-ZIP			CITY-ST-ZIP				
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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: <i>Francis Zigo</i>		FRANCIS ZIGO		1/9/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date			
				Daytime Phone #			
				691-7770			