

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000047789

**Entity Name:** A 2 Z AUDIO VISUAL SERVICES, INC.

**Current Principal Place of Business:**

2522 CAPITAL CIRCLE NE  
SUITE 14  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

2522 CAPITAL CIRCLE NE  
SUITE 14  
TALLAHASSEE, FL 32308

**FEI Number:** 82-2584373

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SWARTZ, PHILIP D  
2522 CAPITAL CIRCLE NE  
SUITE 14  
TALLAHASSEE, FL 32308 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name SWARTZ, PHILIP D  
Address 2522 CAPITAL CIRCLE NE, S-14  
City-State-Zip: TALLAHASSEE FL 32308

Title VP  
Name SWARTZ, PATRICA  
Address 2522 CAPITAL CIRCLE NE, S-14  
City-State-Zip: TALLAHASSEE FL 32308

Title VP  
Name SWARTZ, STEPHEN D  
Address 2522 CAPITAL CIRCLE NE, S-14  
City-State-Zip: TALLAHASSEE FL 32308

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PHIL IP SWARTZ

**PRESIDENT**

**02/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date