## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 679766**

Entity Name: G.A.V., INC.

FILED Jan 30, 2005 Secretary of State

Entity Nai	me: G.A.V., IN	IC.				
Current P	rincipal Place	of Business:	New Pr	New Principal Place of Business:		
	ADENTON S, FL 33912					
Current M	lailing Addres	s:	New Ma	New Mailing Address:		
	ADENTON S, FL 33912					
FEI Number	: 59-2185872	FEI Number Applied For ( )	FEI Number Not A	applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name a	Name and Address of New Registered Agent:		
18500 BRA	T, GERALD A ADENTON S, FL 33912	US				
	named entity s e of Florida.	submits this statement for the	purpose of changir	ıg its registere	ed office or registered agent, or both,	
SIGNATUI	RE:					
	Electror	ic Signature of Registered A	gent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ( ) VAN ALST, GEI 18500 BRADEN FT. MYERS, FL	ITON	Title: Name: Address: City-St-Zi	p:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( ) FRUCHTL, CLA 5 SUGAR BUSH SAVANNAH, GA	l CT	Title: Name: Address: City-St-Zi	p:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) MARCHMAN, M 2819 SAPPHIR TALLAHASSEE	ECT	Title: Name: Address: City-St-Zi	p:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( ) ACKERMAN, JU ROUTE 45 S HARRISBURG,		Title: Name: Address: City-St-Zi	907 W. MA	(X) Change()Addition N, JUDITH K. RKETVIEW DR. STE. 10, #171 N, IL 61822	
Title.	VDD ()	Dalata	T:41-	VDD	(V) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

VAN ALST, JOHN A

8984 E. 1210TH ROAD

EFFINGHAM, IL 62401

SIGNATURE: GERALD A. VAN ALST P 01/30/2005

VAN ALST, JOHN A.

EFFINGHAM, IL 62401

LAKE SARA RD

Name:

Address:

City-St-Zip: