


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000000828 1. Entity Name FORD AUDIO-VIDEO SYSTEMS, INC.	
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Principal Place of Business 4800 W. INTERSTATE 40 OKLAHOMA CITY, OK 73128	Mailing Address 4800 W. INTERSTATE 40 OKLAHOMA CITY, OK 73128
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DO NOT WRITE IN THIS SPACE



05162005 No Chg-P CR2E034 (10/03)

4. FEI Number 73-0947837	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FORD, CLAIRE 283 N. NORTH LAKE BLVD., SUITE 111 ALTAMONTE SPRINGS, FL 32701
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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE _____

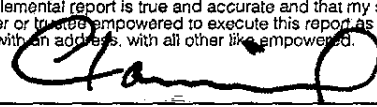
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC FORD, JAMES A 8309 LAKEHURST DRIVE OKLAHOMA CITY, OK 73120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STC FORD, CLAIRE M 8309 LAKEHURST DRIVE OKLAHOMA CITY, OK 73120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURDICK, BRYAN C 4511 E 103RD ST SOUTH TULSA, OK 74137
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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05/31/05-80006-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **5/17/05** **(465) 946 9966**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #