

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 30, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000000828**

1. Entity Name  
**FORD AUDIO-VIDEO SYSTEMS, INC.**



Principal Place of Business  
**4800 W. INTERSTATE 40  
OKLAHOMA CITY, OK 73128**

Mailing Address  
**4800 W. INTERSTATE 40  
OKLAHOMA CITY, OK 73128**



05192006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**73-0947837**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FORD, CLAIRE  
283 N. NORTH LAKE BLVD., SUITE 111  
ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE  
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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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.

**10. OFFICERS AND DIRECTORS**

TITLE	PVC
NAME	FORD, JAMES A
STREET ADDRESS	8309 LAKEHURST DRIVE
CITY-ST-ZIP	OKLAHOMA CITY, OK 73120
TITLE	STC
NAME	FORD, CLAIRE M
STREET ADDRESS	8309 LAKEHURST DRIVE
CITY-ST-ZIP	OKLAHOMA CITY, OK 73120
TITLE	VP
NAME	BURDICK, BRYAN C
STREET ADDRESS	4511 E 103RD ST SOUTH
CITY-ST-ZIP	TULSA, OK 74137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000566282  
05/30/06-80004-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 I am empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/06

405-946-9966

Date

Daytime Phone #