

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # F93000000828

1. Entity Name

FORD AUDIO-VIDEO SYSTEMS, INC.



Principal Place of Business

4800 W I 40 SERVICE ROAD
OKLAHOMA CITY, OK 73128

Mailing Address

4800 W I 40 SERVICE ROAD
OKLAHOMA CITY, OK 73128



04092008

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

U000000905718
05/01/08-80065-009 150.00

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

**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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAIRE M. FORD

04/09/08

Date

(405) 946-9966

Daytime Phone #