2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G36668

1. Entity Name
A.V.D., INC.

Principal Place of Business

11718 46TH PLACE NORTH
ROYAL PALM BEACH, FL 33411

Mailing Address

11718 46TH PLACE NORTH
ROYAL PALM BEACH, FL 33411

DO NOT WRITE IN THIS SPACE

01252005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2307822	Not Applicable

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

6. Name and Address of Current Registered Agent

DATTILE, DOUG
1100 FAIRVIEW LANE
SINGER ISLAND, FL 33404

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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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT	
NAME	DATTILE, DOUG	
STREET ADDRESS	1100 FAIRVIEW LANE	
CITY-ST-ZIP	SINGER ISLAND, FL 33404	
TITLE	VS	
NAME	DATTILE, DEBRA	
STREET ADDRESS	1100 FAIRVIEW LANE	
CITY-ST-ZIP	SINGER ISLAND, FL 33404	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000203384
01/29/05-80028-006 150.00

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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: X _____   1-26-05   561 793 7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #