

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J97158

Entity Name: AVC, INC.

FILED  
Apr 21, 2006  
Secretary of State

**Current Principal Place of Business:**

10302 S FEDERAL HWY  
SUITE 200  
PORT ST. LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

10302 S FEDERAL HWY  
SUITE 200  
PORT ST. LUCIE, FL 34952 US

**New Mailing Address:**

FEI Number: 65-0017034      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WILSON, ROBERT  
10302 S FEDERAL HWY  
SUITE 200  
PORT ST LUCIE, FL 34952 US

**Name and Address of New Registered Agent:**

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.

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WILSON, ROBERT,  
Address: 10302 S FEDERAL HWY STE 200  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: SD ( ) Delete  
Name: JONES, M. E SD  
Address: 10302 S FEDERAL HWY STE 200  
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: TD ( ) Delete  
Name: ROSASCO, HANNAH  
Address: 51 HOSPITAL AVE  
City-St-Zip: DANBURY, CT 06810 US

Title: VD ( ) Delete  
Name: DEFERARI, FRANK  
Address: CHESNUT GROVE APT 118  
City-St-Zip: RESTON, VA 22090 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: ROSASCO, HANNAH  
Address: 57 HOSPITAL AVE  
City-St-Zip: DANBURY, CT 06810 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: ROBERT WILSON

PRES

04/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date