

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J97158

Entity Name: AVC, INC.

FILED
Mar 25, 2009
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: 57 HOSPITAL AVE
City-St-Zip: DANBURY, CT 06810 US

Title: VD () Delete
Name: DEFERARI, ANDREW
Address: 10302 S. FEDERAL HWY STE 200
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: VD () Delete
Name: KAIDY, FRANK
Address: 55 HOSPITAL AVE
City-St-Zip: DANBURY, CT 06810 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date