

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003998**

1. Entity Name  
AV-3, INC.



Principal Place of Business  
730 S ILAKEE AVE  
LAKE ALFRED, FL 33850 US

Mailing Address  
730 S ILAKEE AVE  
LAKE ALFRED, FL 33850 US



04052004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2943069

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

MCGUIRE, NATHAN E.  
730 S ILAKEE AVE  
LAKE ALFRED, FL 33850

**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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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

000000111020  
04/12/04-80106-013 61.25

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME COX, JOHN  
STREET ADDRESS 301 PILOT PLACE  
CITY-ST-ZIP WINTER HAVEN, FL 33881

TITLE SD  
NAME GRAHAM, BILL  
STREET ADDRESS P.O. BOX 288 NA  
CITY-ST-ZIP PUTNEY, VT 05346

TITLE VTD  
NAME MCGUIRE, NATHAN E  
STREET ADDRESS 730 S. ILAKEE AVE.  
CITY-ST-ZIP LAKE ALFRED, FL 33850

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 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 617, 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:**

*Nathan E. McGuire*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VTD

4/8/04

Date

883-287-4874

Daytime Phone #