

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003998

FILED
Mar 12, 2005
Secretary of State

Entity Name: AV-3, INC.

Current Principal Place of Business:

730 S ILAKEE AVE
LAKE ALFRED, FL 33850 US

New Principal Place of Business:

Current Mailing Address:

730 S ILAKEE AVE
LAKE ALFRED, FL 33850 US

New Mailing Address:

FEI Number: 59-2943069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COX, JOHN
Address: 301 PILOT PLACE
City-St-Zip: WINTER HAVEN, FL 33881

Title: SD () Delete
Name: GRAHAM, BILL
Address: P.O. BOX 288 NA
City-St-Zip: PUTNEY, VT 05346

Title: VTD () Delete
Name: MCGUIRE, NATHAN E
Address: 730 S. ILAKEE AVE.
City-St-Zip: LAKE ALFRED, FL 33850

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN D. COX

PD

03/12/2005

Electronic Signature of Signing Officer or Director

Date