


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000050345  
 1. Entity Name  
 AUDIO VIDEO LIFESTYLES, INCORPORATED



Principal Place of Business      Mailing Address  
 7999 PHILLIPS HWY., STE. 211      7999 PHILLIPS HWY., STE. 211  
 JACKSONVILLE, FL 32256      JACKSONVILLE, FL 32256

**DO NOT WRITE IN THIS SPACE**



01242005      No Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
 59-3650378      Not Applicable

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

6. Name and Address of Current Registered Agent  
 AKEL, DANIEL D  
 ONE INDEPENDENT DRIVE  
 SUITE 2301  
 JACKSONVILLE, FL 32202

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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 \_\_\_\_\_ (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

000000203636  
 01/29/05-80037-017 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRAVES, MICHAEL
STREET ADDRESS	11247-1222 SAN JOSE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	D
NAME	LORAH, RICK
STREET ADDRESS	1014 CHANDLER OAKS DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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: *Michael Graves*      MICHAEL GRAVES, PRESIDENT      1/26/2005      904 733-2854

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