

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000050245

1. Entity Name
AUDIO VIDEO LIFESTYLES, INCORPORATED



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

Mailing Address
**7999 PHILLIPS HWY., STE. 211
 JACKSONVILLE, FL 32256**



01222008 No Chg-P CR2E034 (11/05)

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4. FEI Number **59-3650378** Applied For 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GRAVES, MICHAEL 11247-1222 SAN JOSE BLVD. JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LORAH, RICK 1014 CHANDLER OAKS DRIVE JACKSONVILLE, FL 32221
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 exemptions contained 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 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 1/22/2008 904.233.2836

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #