

CK# 1494

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Jul 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000047498

1. Entity Name  
AVC SERVICES, INC.Principal Place of Business  
701 COUNTRY LN  
WINTER HAVEN, FL 33881Mailing Address  
PO BOX 2484  
WINTER HAVEN, FL 33883

07202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
59-3721138Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required**6. Name and Address of Current Registered Agent**OWENS, DONALD  
701 COUNTRY LN  
WINTER HAVEN, FL 33881**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

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	OWENS, ANN C
STREET ADDRESS	701 COUNTRY LN
CITY- ST- ZIP	WINTER HAVEN, FL 33881
TITLE	S
NAME	MATTICK, MICHAEL J
STREET ADDRESS	201 SOUTH KINGS DRIVE
CITY- ST- ZIP	CHARLOTTE, NC 28210
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000572784  
07/31/06-80003-008 150.00**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #