

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90005 006 ***150.00

DOCUMENT # P01000081252

1. Entity Name

QUALITY AUDIO VIDEO INSTALLATION, INC.



Principal Place of Business

353 VENTURA DR.
OLDSMAR FL 34677

Mailing Address

353 VENTURA DR.
OLDSMAR FL 34677

2. Principal Place of Business

6170 41ST AVE N.
Suite, Apt. #, etc.

3. Mailing Address

6170 41ST AVE N.
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/04)

City & State

St. Petersburg, FL.

City & State

St. Petersburg, FL.

4. FEI Number

59-3740248

Applied For

Not Applicable

Zip

33709

Country

U.S.A.

Zip

33709

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCLENDON, KENT W
353 VENTURA DR.
OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name Kent W. McClendon

Street Address (P.O. Box Number is Not Acceptable)

6170 41ST AVE N.

City St. Petersburg FL Zip Code 33709

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

1-31-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS MCCLENDON, KENT W
CITY-ST-ZIP 353 VENTURA DR.
OLDSMAR FL 34677

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS McClendon, Kent W.
CITY-ST-ZIP 6170 41ST AVE N.
St. Petersburg, FL 33709

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Kent W. McClendon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-31-05

Daytime Phone #

Cell. 813-546-7266