


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90247 028 ***150.00

DOCUMENT # P03000066332	
1. Entity Name AV CONSULTING & SPECIAL SERVICES INC.	

Principal Place of Business 6846 SENECA AVE. JACKSONVILLE FL 32210 US	Mailing Address 6846 SENECA AVE. JACKSONVILLE FL 32210 US
---	---

2. Principal Place of Business 4210 Highway Ave	3. Mailing Address 6846 Seneca Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville FL	City & State Jacksonville, FL
Zip 32254	Country USA
Zip 32210	Country USA

4. FEI Number 41-210017	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTHA ROSS; MARHA L. ROSS 6846 SENECA AVE. JACKSONVILLE FL 32210	
7. Name and Address of New Registered Agent Name MARTHA L. ROSS Street Address (P.O. Box Number is Not Acceptable) 4210 Highway Ave City Jacksonville FL Zip Code 32254	

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 <i>Martha L. Ross</i> Signature, typed or printed name of registered agent and title if applicable.	DATE 4-15-04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ROSS, MARTHA L 6846 SENECA AVE. JACKSONVILLE FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Martha L. Ross</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4-15-04 Daytime Phone #: 904-388-3146