

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000060552

Entity Name: THE AUDIO/VISUAL GUY, INC.

FILED  
Feb 10, 2007  
Secretary of State

## Current Principal Place of Business:

296 SW GLENWOOD DR  
PT ST LUCIE, FL 34984

## New Principal Place of Business:

## Current Mailing Address:

296 SW GLENWOOD DR  
PT ST LUCIE, FL 34984

## New Mailing Address:

FEI Number: 20-1012691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPES, CANDACE  
296 SW GLENWOOD DR  
PT ST LUCIE, FL 34984 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: LOPES, DEAN  
Address: 296 SW GLENWOOD DR  
City-St-Zip: PT ST LUCIE, FL 34984

Title: AD ( ) Delete  
Name: LOPES, CANDACE  
Address: 296 S. W. GLENWOOD DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANDACE LOPES

AD

02/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date