2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008
Secretary of State

DOCUMENT# P05000005403

Entity Name: AV-STAK SYSTEMS, INC.

Current Principal Place of Business:

4554 CENTRAL AVENUE
SUITE E
ST. PETERSBURG, FL 33711

New Principal Place of Business:

Current Mailing Address:

4554 CENTRAL AVENUE
SUITE E
ST. PETERSBURG, FL 33711

New Mailing Address:

FEI Number: 20-3244077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLICKER, WILLIAM D
4554 CENTRAL AVENUE
SUITE E
ST. PETERSBURG, FL 33711 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	WHITTED, ERIC	
Address:	238 SUNSET DRIVE SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33707	
Title:	D	( ) Delete
Name:	DON, MORRIS	
Address:	ONE BEACH DRIVE S.E.	
City-St-Zip:	ST PETERSBURG, FL 33701	
Title:	DS	( ) Delete
Name:	SLICKER, WILLIAM D	
Address:	4554 CENTRAL AVENUE, SUITE E	
City-St-Zip:	ST. PETERSBURG, FL 33711	
Title:	DT	( ) Delete
Name:	BOWMAN, JOHN	
Address:	1636 1ST AVENUE N.	
City-St-Zip:	ST. PETERSBURG, FL 33713	
Title:	DV	( ) Delete
Name:	LANGE, STEVEN	
Address:	526 15TH AVENUE, N.E.	
City-St-Zip:	ST. PETERSBURG, FL 33704	
Title:	D	( ) Delete
Name:	BREW, TOM	
Address:	885 39TH AVENUE N.	
City-St-Zip:	ST. PETERSBURG, FL 33703	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: JOHN NEWTON BOWMAN DT 09/02/2008

Electronic Signature of Signing Officer or Director — Date