

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P96000042249

1. Entity Name  
AUDIO VIDEO SPECIALTIES, INC.



**FILED  
Mar 18, 2005 8:00 am  
Secretary of State**

03-18-2005 90055 009 \*\*\*150.00

Principal Place of Business  
144 COMMERCIAL WAY  
SPRING HILL, FL 34606

Mailing Address

144 COMMERCIAL WAY  
SPRING HILL, FL 34606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country



02022005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3382636	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVISON, JEFFREY K  
144 COMMERCIAL WAY  
SPRING HILL, FL 34606

Name

DAVID A BEHNING

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

144 COMMERCIAL WAY

City

SPRING HILL

FL

Zip Code  
34606

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/15/05

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$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	D DAVISON, JEFFREY K 144 COMMERCIAL WAY SPRING HILL, FL 34606	<input checked="" 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	V BEHLING, DAVID A 144 COMMERCIAL WAY SPRING HILL, FL 34606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP DAVID A BEHLING 144 COMMERCIAL WAY SPRING HILL FL 34606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A BEHLING

PRESIDENT 3/15/05

352-688-8867

Date

Daytime Phone #