2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000054829

1. Entity Name

INTERNATIONAL A-V MARKETING, INC.

Principal Place of Business	Mailing Address
20810 SW 46 AVE. NEWBERRY FL 32669	20810 SW 46 AVE. NEWBERRY FL 32669

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3451546 — Applied F… / Not Applic…

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DUKE, STEPHEN M JR
20810 SW 46 AVE.
NEWBERRY FL 32669

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 acc… 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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

✓# 2196 dtd. 4/12/06 $150-

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fe…

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1…		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ A…
NAME	DUKE, STEPHEN M JR		NAME		
STREET ADDRESS	20810 SW 46 AVE.		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY FL 32669		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	U00000517049	☐ Change ☐ A…
NAME			NAME	05/01/06-80028-025 150.00	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ A…
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ A…
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ A…
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informat… 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 dire… 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 … if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. M. Duke [signature] 4/12/06 352-472-333…