

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90395 009 ***150.00

DOCUMENT # P98000000337

1. Entity Name
AVS CAPE CORAL, INC.



Principal Place of Business
1828 S.E. 6TH STREET
CAPE CORAL, FL 33990

Mailing Address
1828 S.E. 6TH STREET
CAPE CORAL, FL 33990

50038842



03302005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0803241	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

DEROUEN, SHELLY A
1953 COLONIAL BLVD
FT. MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

TITLE	PTD
NAME	KORNIENKO, SERGEI
STREET ADDRESS	1828 S.E. 6TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990

TITLE	VSD
NAME	JERIKOV, ANDREI
STREET ADDRESS	1828 S.E. 6TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990

TITLE	VD
NAME	KORNIENKO, VLADIMIR
STREET ADDRESS	1828 S.E. 6TH STREET
CITY-ST-ZIP	CAPE CORAL, FL 33990

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4-14-05 / 239 / 458-5064