

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90049 008 ***150.00

DOCUMENT # P98000079056 1. Entity Name AUDIO VIDEO INSTALLATIONS, INC.			
Principal Place of Business 3776 ARNOLD AVE NAPLES, FL 34104		Mailing Address 3776 ARNOLD AVE NAPLES, FL 34104	
2. Principal Place of Business 3900 Mannix Dr. Suite, Apt. #, etc. # 117		3. Mailing Address SAME Suite, Apt. #, etc.	
City & State Naples FL		City & State	
Zip 34114		Country Collier	
4. FEI Number 59-3530565		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REARDEN, GREG 3776 ARNOLD AVE NAPLES, FL 34104		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3900 Mannix Dr. # 117 City Naples FL Zip Code 34114	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME REARDEN, GREG STREET ADDRESS 3776 ARNOLD AVE CITY-ST-ZIP NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE 3900 Mannix Dr. # 117 NAME Naples, FL 34114 STREET ADDRESS Naples, FL 34114 CITY-ST-ZIP Naples, FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME REARDEN, VALERIE STREET ADDRESS 3776 ARNOLD AVE CITY-ST-ZIP NAPLES, FL 34104	<input type="checkbox"/> Delete	TITLE 3900 Mannix Dr. # 117 NAME Naples, FL 34114 STREET ADDRESS Naples, FL 34114 CITY-ST-ZIP Naples, FL 34114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:		2-24-04 239-659-4199	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	