

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000096693

1. Entity Name
AUDIO/VISUAL CONNECTION, INC.



Principal Place of Business
301 34TH AVE. N.E.
ST. PETERSBURG, FL 33704

Mailing Address
301 34TH AVE. N.E.
ST. PETERSBURG, FL 33704

DO NOT WRITE IN THIS SPACE

07102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3542616

Applied For
Not Applicable

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

8. Name and Address of Current Registered Agent

CONNON, TERRENCE W
14279 85TH AVE N
SEMINOLE, FL 33776

**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

U00000569651
07/12/06-80009-002 150.00

FILE NOW!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CONNON, CHRISTOPHER S
STREET ADDRESS	301 34TH AVE. N.E.
CITY-ST-ZIP	ST. PETERSBURG, FL 33704
TITLE	D
NAME	CONNON, SCOTT MICHAEL
STREET ADDRESS	14279 85TH AVE. N.
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	P
NAME	CONNON, TERRENCE W
STREET ADDRESS	14279 -85TH AVE N
CITY-ST-ZIP	SEMINOLE, FL 33776
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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 exemptions contained 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 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:

Terrence W. Connon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-06 (727) 592-0733

Date

Daytime Phone #