


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2004 8:00 am
Secretary of State

04-21-2004 90015 048 ***150.00

DOCUMENT # P99000059238 1. Entity Name ACCENT AUDIO & VIDEO, INC.	
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Principal Place of Business 26801 OLD 41 ROAD #6 BONITA SPRINGS, FL 34135	Mailing Address 26801 OLD 41 ROAD #6 BONITA SPRINGS, FL 34135
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66420039



03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3587040	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 OLSON, ROBBIN J 26801 OLD 41 ROAD SUITE 6 BONITA SPRINGS, FL 34135	DO NOT WRITE IN THIS SPACE
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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 *Robbin J. Olson* **Robbin J. Olson V.P.** 9-2-04
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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLSON, ROBBIN J 5931 SEA GRASS LANE NAPLES, FL 34116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROTHENBERG, CURT B 11575 WOODMONT LANE ESTERO, FL 33928
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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]* **5-4-04 239-948-8874**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #