2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005 8:00 am
Secretary of State
07-15-2005 90022 040 ***550.00

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1. Entity Name
VIDEO DISPLAY CORPORATION

20064211

06292005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
7177 NORTH ATLANTIC AVENUE CAPE CANAVERAL, FL 32920	1868 TUCKER IND DR TUCKER, GA 30084

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

4. FEI Number 58-1217564 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MUTCHLER, DAVID
7177 N ATLANTIC AVE
CAPE CANAVERAL, FL 32920

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 accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KUCZOGI, ERV 1868 TUCKER IND. DR. TUCKER, GA 30084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FRANKLIN, CAROL D 1868 TUCKER IND. DR. TUCKER, GA 30084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST Norma J. Mann 1868 Tucker Indus Dr Tucker, GA 30084	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C ORDWAY, RONALD D 1868 TUCKER IND. DR. TUCKER, GA 30084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOX, MURRAY 23600 AURORA RD BEDFORD HEIGHTS, OH 44146	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Peter J Frend 1107 Liberty Square Rd Boxborough, MA 01719	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAWYER, CARLETON E 1868 TUCKER IND. DR TUCKER, GA 30084	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWARD, CAROLYN 279 MOUNTAIN ROAD JAFFREY CENTER, NH 03452	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Norma J. Mann — Norma J. Mann — 7-13-05 — 770-938-2080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #