


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2005 08:00 AM
Secretary of State

| | | | | | |
|---|--|---------|--|---|--|
| DOCUMENT # L76457 1. Entity Name HERE'S HOW VIDEO, INC. | | | |  | |
| Principal Place of Business 2659 KERWOOD CIR ORLANDO FL 32810 US | | | Mailing Address 2659 KERWOOD CIR ORLANDO FL 32810 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-3006841 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent YEOMANS, GARY 2659 KERWOOD CIRCLE ORLANDO FL 32810 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | DATE <small>(NOTE: Registered Agent signature required when reinstating)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| \$5.00 May Be Added to Fees | | | | 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| PTD YEOMANS, GARY T. 2659 KERWOOD CIRCLE ORLANDO FL | | | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| Delete | | | | Change Addition | |
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| 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: <i>Gary T. Yeoman</i> | | | | 4-11-05 407-810-1314 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date Daytime Phone # | |