

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000083464

**Entity Name:** FLORIDA VIDEO TECHNOLOGIES, INC.

**Current Principal Place of Business:**

10380 SW VILLAGE CTR DR  
#102  
PORT ST LUCIE, FL 34987

**Current Mailing Address:**

10380 SW VILLAGE CTR DR  
#102  
PORT ST LUCIE, FL 34987 US

**FEI Number:** 86-1170501

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MACPHEE, KENNETH  
10380 SW VILLAGE CTR DR  
#102  
PORT ST LUCIE, FL 34987 US

*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.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MR.  
Name MACPHEE, KENNETH B  
Address 10380 SW VILLAGE CTR DR  
#102  
City-State-Zip: PORT ST LUCIE FL 34987

Title S  
Name MACPHEE, KENNETH B  
Address 10380 SW VILLAGE CTR DR  
#102  
City-State-Zip: PORT ST LUCIE FL 34987

Title VP  
Name MACPHEE, KENNETH B  
Address 10380 SW VILLAGE CTR DR  
#102  
City-State-Zip: PORT ST LUCIE FL 34987

Title T  
Name MACPHEE, KENNETH B  
Address 10380 SW VILLAGE CTR DR  
#102  
City-State-Zip: PORT ST LUCIE FL 34987

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** KENNETH B MACPHEE

**PRESIDENT**

**04/28/2018**

Electronic Signature of Signing Officer/Director Detail

Date