

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90363 032 \*\*\*150.00

**DOCUMENT # F00000000721**

1. Entity Name  
**VIDEO DISPLAY CORPORATION**



Principal Place of Business  
**1868 TUCKER INDUSTRIAL RD.  
TUCKER, GA 30084**

Mailing Address  
**1868 TUCKER INDUSTRIAL RD.  
TUCKER, GA 30084**

**40085409**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232008 Chg-P CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

**VIDAL, MARCIAL  
7177 N ATLANTIC AVE  
CAPE CANAVERAL, FL 32920**

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

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, 2008 Fee will be \$550.00**

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 **P** ☒ Delete  
NAME **KUCZOGI, ERV**  
STREET ADDRESS **1868 TUCKER IND. ROAD**  
CITY-ST-ZIP **TUCKER, GA 30084**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **HEIDEN, DAVID**  
STREET ADDRESS **1868 TUCKER IND. ROAD**  
CITY-ST-ZIP **TUCKER, GA 30084**

TITLE **ST. A** ☐ Delete  
NAME **MONN, NORMA J**  
STREET ADDRESS **1868 TUCKER INDUS ROAD**  
CITY-ST-ZIP **TUCKER, GA 30084**

TITLE **ST.** ☒ Change ☐ Addition  
NAME **mann, norma J.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☐ Delete  
NAME **ORDWAY, RONALD D**  
STREET ADDRESS **1868 TUCKER IND. ROAD**  
CITY-ST-ZIP **TUCKER, GA 30084**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **FREND, PETER J**  
STREET ADDRESS **1107 LIBERTY SQUARE RD**  
CITY-ST-ZIP **BOXBOROUGH, MA 01719**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HOWARD, CAROLYN**  
STREET ADDRESS **279 MOUNTAIN ROAD**  
CITY-ST-ZIP **JAFFREY CENTER, NH 03452**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C** ☒ Delete  
NAME **BOYD, MICHAEL D**  
STREET ADDRESS **1868 TUCKER INDUSTRIAL ROAD**  
CITY-ST-ZIP **TUCKER, GA 30084**

TITLE **CFO** ☐ Change ☒ Addition  
NAME **OSBORN, GREGORY L.**  
STREET ADDRESS **1374 CARLINGTON WAY**  
CITY-ST-ZIP **LAWRENCEVILLE, GA 30044**

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:

*Gregory L. Osborn*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-23-2008**

Date

**678-942-5407**

Daytime Phone #