

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H23183

FILED
Apr 10, 2005
Secretary of State

Entity Name: DAN'S VIDEO VILLAGE, INC.

Current Principal Place of Business:

2622 CRAWFORDVILLE HWY.
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

635 WAKULLA ARRAN ROAD
CRAWFORDVILLE, FL 32327

Current Mailing Address:

P.O. BOX 1420
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 59-2463621

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBSTER, WILLIAM H.
COURTHOUSE SQUARE
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

WILLIAM, WEBSTER, ATTY
COURTHOUSE SQUARE
CRAWFORDVILLE, FL 32327 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: WILLIAM WEBSTER

04/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHEPPARD, N.D.
Address: P.O. BOX 1420
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: S () Delete
Name: SHEPPARD, JONATHAN D
Address: P.O. BOX 1420
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: VP () Delete
Name: SHEPPARD, MILDRED C
Address: P.O. BOX 1420
City-St-Zip: CRAWFORDVILLE, FL 32326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MILDRED SHEPPARD

VP

04/10/2005

Electronic Signature of Signing Officer or Director

Date