


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J22804**  
 1. Entity Name  
 WENDT VIDEO PRODUCTIONS, INC.



Principal Place of Business 17301 SOLIE ROAD ODESSA, FL 33556 US	Mailing Address PO BOX 219 ODESSA, FL 33556-0819 US
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04222005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2697234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

WENDT, SUSAN  
 17301 SOLIE RD  
 ODESSA, FL 33556

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO WENDT, ALAN W 17301 SOLIE ROAD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WENDT, SUSAN 17301 SOLIE RD ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WENDT, SUSAN 17301 SOLIE RD ODESSA, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000352400  
 05/03/05-80026-010 150.00

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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)(f), 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: *Susan Wendt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/28/05 815-920-5008*  
Date Daytime Phone #