

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # J46975

1. Entity Name
DON'S T.V. SERVICE, INC.



Principal Place of Business
**351 E INTERLAKE BLVD
LAKE PLACID, FL 33852 US**

Mailing Address
**351 E INTERLAKE BLVD
LAKE PLACID, FL 33852 US**



02152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1711655	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CHAPUT, JOHN R
351 E INTERLAKE BLVD
LAKE PLACID, FL 33852**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

U00000878841
04/14/08-80072-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SANSOUSSI, DONALD 136 LAKE FRANCIS DR. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SANSOUSSI, I. GAIL 136 LAKE FRANCIS DR. LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAPUT, JOHN R 3254 FORREST VIEW AVENUE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHAPUT, CYNTHIA S 3254 FORREST VIEW AVENUE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *I. Gail Sansoussi* **I. GAIL SANSOUSSI** 3/31/08 863-465-5099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #