

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # K75502

1. Entity Name
NATIONAL EDUCATIONAL VIDEO, INC.



Principal Place of Business
599 9TH STREET NORTH
SUITE 207
NAPLES, FL 34102-5625 US

Mailing Address
599 9TH STREET NORTH
SUITE 207
NAPLES, FL 34102-5625 US



02132008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0110461

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GROSSENBACHER, ROBERT
599 9TH STREET NORTH
SUITE 207
NAPLES, FL 34102

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000908711
05/06/08-80041-018 150.00

10. OFFICERS AND DIRECTORS

TITLE VP
NAME GROSSENBACHER, LYNETTE
STREET ADDRESS 599 N 9TH STREET, STE 207
CITY-ST-ZIP NAPLES, FL 341025625

TITLE P
NAME GROSSENBACHER, ROBERT
STREET ADDRESS 599 NORTH 599 9TH ST, STE 207
CITY-ST-ZIP NAPLES, FL 341025625

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-08

Date

(239) 261-9177

Daytime Phone #