

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L12183

1. Entity Name
BROTHERS VIDEO PIZZA, INC.



Principal Place of Business
**130 RICKEY ST
FORT WALTON BEACH, FL 32547**

Mailing Address
**130 RICKEY ST
FORT WALTON BEACH, FL 32547**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3004256

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCOTT, R. HIRAM
130 RICKEY STREET
FT. WALTON BEACH, FL 32548**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000619419
02/08/07-80072-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SCOTT, R.H.
STREET ADDRESS	130 RICKEY ST.
CITY-ST-ZIP	FT. WALTON BEACH, FL
TITLE	VD
NAME	SCOTT, DAVIN
STREET ADDRESS	128 RICKEY STREET
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	VD
NAME	SCOTT, O. DARIN
STREET ADDRESS	4714 LAKE EMERALD DR
CITY-ST-ZIP	HOLT, FL 32564
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:

R.H. Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-07
Date

850-537-9987/862-2061
Daytime Phone