

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

1/ **Feb 12, 2007 8:00 am**
Secretary of State

01-19-2007 90033 003 ****61.25

DOCUMENT # N42134

1. Entity Name
VIDEO ARCHIVES, INC.



Principal Place of Business
**1235 S TAMiami TRAIL
SARASOTA, FL 34239**

Mailing Address
**1235 S TAMiami TRAIL
SARASOTA, FL 34239**

DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0249135

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHERMAN, ANNETTE
340 S PALM AVE APT 120
SARASOTA, FL 34236**

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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 renewing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE DP
NAME SCHERMAN, ANNETTE
STREET ADDRESS 340 S PALM AVE APT 120
CITY-ST-ZIP SARASOTA, FL 34236

TITLE DVT
NAME WILHELM, JAN
STREET ADDRESS 340 S PALM AVE APT 120
CITY-ST-ZIP SARASOTA, FL 34236

TITLE DS
NAME JOHNSON, ROBERT M.
STREET ADDRESS 27 SOUTH ORANGE AVE.
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D
NAME SORAN, SUZANN
STREET ADDRESS 403 MEADOWLARK DRIVE
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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

2-9-07

Date

941-365-7052

Daytime Phone #