2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT# P02000020902

1. EntityName
FORTMYERSINTERACTIVEVIDEOCONFERENCING CENTER,INC.

PrincipalPlaceofBusiness
1408 BAYVIEW COURT
FORT MYERS, FL 33901

MailingAddress
1408 BAYVIEW COURT
FORT MYERS, FL 33901

03272005 NoChg-P CR2E034(10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
02-0550048
☐ AppliedFor
☐ NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

VONAHN,PATRICK
1408BAYVIEWCOURT
FORTMYERS,FL33901

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____ DATE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	D
NAME	VONAHN,KATHLEENA
STREETADDRESS	1408BAYVIEWCT
CITY-ST-ZIP	FORTMYERS,FL33901
TITLE	D
NAME	VONAHN,PATRICK
STREETADDRESS	1408BAYVIEWCT
CITY-ST-ZIP	FORTMYERS,FL33901
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

000000282348
04/01/05-80003-016 150.00

DO NOT WRITE IN THIS SPACE

12. Ihereby certifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedinSection119 07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiver,trusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddresswithallotherlikeempowered.

SIGNATURE: Patrick Von Ahn, Pat Vonahn 3/25/05
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#