

2005 FOR PROFIT CORPORATION ANNUAL REPORT


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Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90174 031 ***158.75

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02252005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000031089 1. Entity Name DVD'S UNLIMITED INC. <i>Memory's to DVD's Unlimited Inc,</i>			
Principal Place of Business PO BOX 101 WILDWOOD, FL 34785-0101		Mailing Address PO BOX 101 WILDWOOD, FL 34785-0101	
2. Principal Place of Business 4188 CR 181		3. Mailing Address P.O. Box 101	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State wildwood, FL		City & State wildwood, FL	
Zip 34785	Country Sumter	Zip 34785	Country Sumter
4. FEI Number 200652837		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIRKLAND, LEROY G III 4180 CR 181 WILDWOOD, FL 34785		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>[Signature]</i> DATE 3/1/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT <input type="checkbox"/> Delete NAME KIRKLAND, LEROY G III STREET ADDRESS 4180 CR 181 CITY-ST-ZIP WILDWOOD, FL 34785	TITLE PT C M <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME heRoy G. Kirkland III STREET ADDRESS 4180 CR 181 CITY-ST-ZIP wildwood, FL. 34785	TITLE V <input type="checkbox"/> Delete NAME KIRKLAND, ROXANNE A STREET ADDRESS 4180 CR 181 CITY-ST-ZIP WILDWOOD, FL 34785	TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Jennifer L. Jones STREET ADDRESS 11440 Smady Rest Court CITY-ST-ZIP Brooksville, FL. 34601
TITLE S <input checked="" type="checkbox"/> Delete NAME KIRKLAND, NIKASHEA R STREET ADDRESS 4180 CR 181 CITY-ST-ZIP WILDWOOD, FL 34785	TITLE S.P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME heRoy G. Kirkland IV STREET ADDRESS 4180 CR 181 CITY-ST-ZIP wildwood, FL. 34785	TITLE D <input type="checkbox"/> Delete NAME HAYNES, JENNIFER STREET ADDRESS 304 S FAULKNER AVE CITY-ST-ZIP LEESBURG, FL 34748	TITLE SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Nikashea R. Kirkland STREET ADDRESS 4180 CR 181 CITY-ST-ZIP wildwood, FL. 34785
TITLE D <input type="checkbox"/> Delete NAME HAYNES, TROY R STREET ADDRESS 304 S FAULKNER AVE CITY-ST-ZIP LEESBURG, FL 34748	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 the signatures.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3/1/05	Daytime Phone # 352 446 0073