

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90136 029 ***150.00

DOCUMENT # P04000044484

1. Entity Name

VIDEO HEAT OF JONESBORO, INC.



Principal Place of Business

6811 TARA BLVD
JONESBORO GA 32732

Mailing Address

815 EYRIE DRIVE
SUITE 2
OVIEDO FL 32765



2. Principal Place of Business

3. Mailing Address

PO BOX 622094

1st MOORE

CR2E034 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OVIEDO, FL

4. FEI Number

20-0845057

Applied For

Not Applicable

Zip

Country

Zip

Country

32762

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, RONALD E JR.
815 EYRIE DRIVE
SUITE 2
OVIEDO FL 32765

Name

BROWN, RONALD E JR

Street Address (P.O. Box Number is Not Acceptable)

213 S. CENTRAL AVE

City

OVIEDO

FL

Zip Code

32765

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)

APR 7, 2005

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BROWN, RONALD E JR.
STREET ADDRESS 815 EYRIE DRIVE, SUITE 2
CITY-ST-ZIP OVIEDO FL 32765

TITLE ~~CHAD W PURCELL SECRETARY~~ ☐ Change ☒ Addition
NAME CHAD W PURCELL
STREET ADDRESS 313 S. CENTRAL AVE
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 like empowered.

SIGNATURE:

Ronald E Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD E BROWN

APR 7, 2005

Date

767-366-5171

Daytime Phone #