

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90056 032 ***150.00

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DOCUMENT # P92000010461 1. Entity Name FLORIDA CONTRACTORS VIDEO SERVICE, INC.			
Principal Place of Business 3414 KING RICHARD CT. SEFFNER, FL 33584		Mailing Address 3414 KING RICHARD CT. SEFFNER, FL 33584	
2. Principal Place of Business 4412 HOLLOWAY MEADOW LN		3. Mailing Address 4412 HOLLOWAY MEADOW LN	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State PLANT CITY FLORIDA		City & State PLANT CITY FLORIDA	
Zip 33567		Zip 33567	
Country 		Country 	
4. FEI Number 65-0373535		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent M. WEBSTER PIERCE 203 PARSONS AVE. BRANDON, FL 33511		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS OOSTING, NORMA 3414 KING RICHARD COURT SEFFNER, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4412 HOLLOWAY MEADOW LN PLANT CITY FLORIDA 33567
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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 Norm Oosting, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/28/05 Daytime Phone # 813737-1774	