

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # P92000010461

1. Entity Name
FLORIDA CONTRACTORS VIDEO SERVICE, INC.



Principal Place of Business
**4412 HOLLOWAY MEADOW LANE
PLANT CITY, FL 33567 US**

Mailing Address
**4412 HOLLOWAY MEADOW LANE
PLANT CITY, FL 33567 US**



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0373535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

**M. WEBSTER PIERCE
203 PARSONS AVE.
BRANDON, FL 33511**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTS
NAME	OOSTING, NORMA
STREET ADDRESS	4412 HOLLOWAY MEADOW LANE
CITY-ST-ZIP	PLANT CITY, FL 33567

TITLE	D
NAME	OOSTING, RALPH K
STREET ADDRESS	4412 HOLLOWAY MEADOW LANE
CITY-ST-ZIP	PLANT CITY, FL 33567

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-80074-002 150.00

**DO NOT WRITE
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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/10/06** Daytime Phone # _____