2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000010461

FILED Apr 13, 2009 Secretary of State

Entity Name: FLORIDA CONTRACTORS VIDEO SERVICE, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	LOWAY MEAD TY, FL 33567	OOW LANE US		
Current M	lailing Addres	ss:	New Mailing Addres	s:
	LOWAY MEAD TY, FL 33567	DOW LANE US		
FEI Number	: 65-0373535	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
	TER PIERCE			
203 PARS BRANDOI The above	SONS AVE. N, FL 33511	US submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,
203 PARS BRANDOI The above	SONS AVE. N, FL 33511 e named entity : e of Florida.		purpose of changing its registere	ed office or registered agent, or both,
203 PARS BRANDOI The above in the Stat	SONS AVE. N, FL 33511 e named entity : e of Florida. RE:			ed office or registered agent, or both, Date
203 PARS BRANDOI The above in the Stati SIGNATU	SONS AVE. N, FL 33511 e named entity: e of Florida. RE:Electror	submits this statement for the		
203 PARS BRANDOI The above in the Stat SIGNATU Election Ca	SONS AVE. N, FL 33511 e named entity: e of Florida. RE:Electror	submits this statement for the nic Signature of Registered Agg	ent	
203 PARS BRANDOI The above in the Stat SIGNATU Election Ca	e named entity: e of Florida. RE: Electror mpaign Financing S AND DIREC PTS () OOSTING, NOF	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS:) Delete RMA (AY MEADOW LANE	ent	Date

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMA OOSTING P 04/13/2009