2005 FOR PROFIT CORPORATION ANNUAL REPORT

	ANNOAL	KEPUKI			_		rn -		
DOCUMENT # P93000017030					FILED				
1. Entity Nam	ne				05 APR 25 PM 4: 09				
PROFES	SIONAL VIDEO RESOURC	S, INC.				OF APR 2	5 PM 4.0-		
						05 "	ECKETAN ZO ALLAHASSEE, FLORIDA		
				00 WE 15	4	CF CKE IM	See El ORID	Ai	
Principal Plac		Mailing Address	•			TALL AHA	SEE, FLOR		
	DWOOD HILLS CIR	P.O. BOX 15184				I HEET.			
TALLAHASSE	E, FL 32311	TALLAHASSEE, FL 32	TALLAHASSEE, FL 32317						
					1 (112/1111)	T FEFER INTERENT ERM E	TIM 6 TID) MEN 18811 9918	iim <b>sauty</b> ii ibri	
2. Principal P	lace of Business	3. Mailing Address	3. Mailing Address						
		,				I INTHER IT A THE TITLE THE THE THE THE THE THE THE THE THE TH			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04252005	Cha B	CD2E024 (10	(00)	
				04252005	Chg-P	CR2E034 (10.	703)		
City & State		City & State	City & State		4. FEI Numb		Ţ	Applied For	
		<del></del>			59-323	88398		Not Applicable	
Zip ,	Country	Zip	Cour	ntry	5. Certificate	of Status Desired		5 Additional	
	6. Name and Address of Current	Paristand Agent	<u> </u>	1	7 N	4 A d d 4 N	Fee Re	quirea	
	6. Name and Address of Current	negistered Agent	Name		7. Name and Address of New Registered Agent				
BYRD. HA	ROLD E SR							_	
6486 Ś. W	INDWOOD HILLS CIR		Street Addr		(P.O. Box Number is Not Acceptable)				
TALLAHAS	SSEE, FL 32311				•		·		
				City			FL Zip	Code	
8 The shove	named entity submits this statement fo	r the nurrose of changing its	rogietor	d office or registe	rod paget of be	th in the State of F	*	with and secont	
	tions of registered agent.	the purpose of changing its	i egister	ed office of registe	red agent, or bu	itis, iti irie State Oi r	ionoa. Tam iainiiai	with, and accept	
						•			
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	id Agent signature require	d when rainstating)		DATE	<del></del>	
1						1		<del></del>	
EI)	E NOW!!! FEE IS \$150.00	9. Election Campa	ign Finar	ncing \$5	.00 May Be				
	ay 1, 2005 Fee will be \$550.0	Trust Fund Con	tribution.	☐ Add	ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	(CUANCES TO OF	COCCO AND DIDEO	TODO (1) 44	
TITLE	P	□ Delete	TITL		ADDITIONS	CHANGES TO OF	FICERS AND DIREC		
NAME	BYRD, HAROLD E	□ Delete	NAM				L Chi	ange 🔲 Addition	
STREET ADDRESS	6486 S. WINDWOOD HILLS CIR			EET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32311			-ST-ZIP					
TITLE	s	☐ Delete	TITL	E				ange Addition	
NAME	WEBSTER, JOSEPH L SR.		NAM		04 40		: <b>048∯</b> ॐ 3014 **	വാന വാ	
STREET ADDRESS	1214 N MAGONLIA		STRE	EET ADDRESS	0472	(67.02==01.0)	35014 **	250.00	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY	-ST-ZIP					
TITLE	ВМ	☐ Delete	TITL	E			☐ Cha	ange	
NAME	JOHNSON, CLEMON J JR		NAM	E					
STREET ADDRESS	ROUTE 4 BOX 4088			ET ADDRESS					
CITY-ST-ZIP	MONTICELLO, FL		ÇITY	-ST-ZIP					
TITLE	T	☐ Delete	TITL				☐ Cha	ange 🔲 Addition	
NAME	BYRD, CLINTON F		NAM	i i					
STREET ADDRESS CITY-ST-ZIP	6486 S. WINDWOOD HILLS CIR			ET ADDRESS -ST-ZIP					
	TALLAHASSEE, FL 32311		-						
TITLE	VP MICHAEL I	☐ Delete	. TITU				Cha	ange 🔲 Addition	
NAME STREET ADDRESS	BYRD, MICHAEL J 2724 BEDFORD WAY		NAM	ET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32308			-ST-ZIP					
TITLÉ		☐ Delete	TITLE				Cha	ange	
NAME		L Delete	NAM					www LT WORKION	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
12. I hereby	certify that the information supplied with	this filing does not qualify fo	the exe	mption stated in Se	ection 119.07(3)	(i), Florida Statutes	. I further certify that	the information	
indicated of the cor	on this report or supplemental report is poration or the receive or trustee emports, or on an attachment with an address, where the content of the content o	true and accurate and that i	ny signa	ture shall have the red by Chanter 60	same legal effe	ct as if made under	roath; that I am an o	fficer or director	
changed,	or on an attachment with an address, v	vith all other like empowered	J	. 10 Dy Griapier 00	. , i rende pietell		appoure it block	. J J. JOON THE	
01011-	OHT.	17.7)	/		φ.	Letar			
SIGNAT	URE:	PINTED NAME OF STATUTOR ASSOCIATION	OD DIDEO	709		12) US	Daytime Pho	one #	
	U address on E ARD TIPED OR P	RINTED NAME OF SIGNING OFFICER	ON DIREC			Dat	ъгуште Н	und F	
					,	/			