


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90041 014 ***150.00

DOCUMENT # P94000013268 1. Entity Name VIDEO INSPECTIONS, INC.					
Principal Place of Business 6222 TOWER LANE UNIT B-8 SARASOTA, FL 34240 US			Mailing Address 6222 TOWER LANE UNIT B-8 SARASOTA, FL 34240 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PROPSOM, MICHAEL L 6222 TOWER LANE UNIT B-8 SARASOTA, FL 34240				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD <input type="checkbox"/> Delete		TITLE	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIXON, JERRY L		NAME	MIXON, JERRY L	
STREET ADDRESS	5701 HOWARD CREEK RD		STREET ADDRESS	5701 HOWARD CREEK RD	
CITY-ST-ZIP	SARASOTA, FL 34241		CITY-ST-ZIP	SARASOTA, FL 34241	
TITLE	PD <input type="checkbox"/> Delete		TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PROPSOM, MICHAEL L		NAME	PROPSOM, MICHAEL L	
STREET ADDRESS	4446 N LAKE DR		STREET ADDRESS	4446 N. LAKE DR	
CITY-ST-ZIP	SARASOTA, FL		CITY-ST-ZIP	SARASOTA, FL 34232	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 officer-like empowered.					
SIGNATURE: <u>Michael L. Propsom</u> 1/15/04 941-379-5118 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



01062004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0473638** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**