

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90003 007 ***150.00

DOCUMENT # P94000031327

1. Entity Name

SUPER VIDEO OF PORT CHARLOTTE, INC.



Principal Place of Business

2415 TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address

2415 TAMiami TRAIL
PORT CHARLOTTE FL 33952
1716 Manasota Beach Rd.
Englewood, FL 34223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3949085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMPTON, ROBERT
1716 MANASOTA BEACH RD
ENGLEWOOD FL 34223

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HAMPTON, ROBERT J	
STREET ADDRESS	1716 MANASOTA BEACH RD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HAMPTON, MARGARET A	
STREET ADDRESS	1716 MANASOTA BEACH RD	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, JEANINE	
STREET ADDRESS	3629 TANGERINE DR	
CITY-ST-ZIP	SAINT JAMES CITY FL 33956	
TITLE	T	<input type="checkbox"/> Delete
NAME	GARDNER, KIRSTEN	
STREET ADDRESS	2435 S YORK AVE	
CITY-ST-ZIP	SPRINGFIELD MO 65807	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert A. Hampton

7/24/04

941-474-7292