

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000013093

1. Entity Name
FOCAL CONSTRUCTION VIDEO SERVICES, INC.



Principal Place of Business

**602 137TH ST NE
BRADENTON, FL 34212 US**

Mailing Address

**602 137TH ST NE
BRADENTON, FL 34212 US**



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0557892

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DONNA KIRKMAN
602 137TH ST NE
BRADENTON, FL 34212**

**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**

04/27/06-80054-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DONNA KIRKMAN
STREET ADDRESS	602 137TH ST NE
CITY-ST-ZIP	BRADENTON, FL 34212
TITLE	PM
NAME	KIRKMAN, DONNA
STREET ADDRESS	602 137TH ST NE
CITY-ST-ZIP	BRADENTON, FL 34212
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 all other like empowered.

SIGNATURE: Donna Kirkman Donna Kirkinan 4/12/06 941-747-6163

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #