## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 01, 2007 08:00 AM DOCUMENT # P95000091767 **Secretary of State** FLORIDA VIDEO & ELECTRONICS INC. Principal Place of Business Mailing Address 42 N. HIGHWAY 19 INGLIS FL 34449 42 N. HIGHWAY 19 INGLIS FL 34449 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Apt # etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/06) City & State 4. FEI Number Applied For City & State 59-3348262 Not Applicable Zip Country Country Zıp \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo JOHNSON, MILTON N Street Address (P.O. Box Number is Not Acceptable) 42 N HIGHWAY 19 INGLIS FL 34449 City Zip Codo 8. The above named ontity 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 it applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ח HILE ☐ Delete Change Addition TELLE JOHNSON, MILTON N NAME NAME P.O. BOX 335 N/A STRUET ADDRESS STREET ADDRESS U000000615140 INGLIS FL 34449 CHY-ST-ZIP CITY-SI-ZIP 150.0002/06/07-80060*-*808 ☐ Change Addition 🗌 ☐ Delete TOTAL JOHNSON, ERMALEE NAME P.O. BOX 335 N/A STREET ADDRESS STREET ADDRESS INGLIS FL 34449 CITY-ST-ZIP CITY-SI-7/P Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Addition Delete NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-ZIP Delete Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-7IP CHY-SI-7IP HRE IITE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-7/P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accidate and that my signature shall have the same legal effect as if made under eath; 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 attackment with an address. With all gater like empowered.

**FILED** 

SIGNATURE: // SIGNATURE AND TYPED OFFINITED NAME OF SIGNING OFFICER OR DIRECTOR