

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90085 026 \*\*\*150.00

DOCUMENT # P97000021427

1. Entity Name

C & M VIDEO, INC.



Principal Place of Business

12227 COLLIER BLVD UNIT X 10  
NAPLES FL 34116

Mailing Address

12227 COLLIER BLVD UNIT X 10  
NAPLES FL 34116



2. Principal Place of Business - No P.O. Box #

12275 COLLIER BLVD

3. Mailing Address

12275 COLLIER BLVD

Suite, Apt. #, etc.

UNIT 10

Suite, Apt. #, etc.

UNIT 10

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34116

Country

USA

Zip

34116

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 65-0738092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARTA, STEVEN ESQ.  
1619 JACKSON STREET  
FORT MYERS FL 33901

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

Signature, printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering.)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2007 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOPEZ, JON	
STREET ADDRESS	12227 COLLIER BLVD. UNIT X 10	
CITY - ST - ZIP	NAPLES FL 34116	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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

Corporate Phone #

*Jon Lopez* JON LOPEZ

2/14/07

239 455 1373