

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90033 006 ***150.00

DOCUMENT # P97000033879

1. Entity Name

ISLAMORADA VIDEO, INC.



Principal Place of Business

82685 OVERSEAS HWY #7
ISLAMORADA FL 33036
US

Mailing Address

82685 OVERSEAS HWY #7
ISLAMORADA FL 33036
US

94040445



MOORE CR2E034 (11/03)

2. Principal Place of Business

82681 OVERSEAS HWY

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1093

Suite, Apt. #, etc.

City & State

ISLAMORADA FL

City & State

ISLAMORADA FL

4. FEI Number

65-0753514

Applied For

Not Applicable

Zip

33036

Country

US

Zip

33036-1093

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

DALVANO, MICHAEL R.
82685 OVERSEAS HWY
#7
ISLAMORADA FL 33036

7. Name and Address of New Registered Agent

Name DALVANO, MICHAEL R

Street Address (P.O. Box Number is Not Acceptable)

82681 OVERSEAS HWY

City ISLAMORADA

FL

Zip Code 33036

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

Michael R Dalvano

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-8-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 | DS | <input checked="" type="checkbox"/> Delete |
| NAME | DALVANO, MICHAEL R. | |
| STREET ADDRESS | 82685 OVERSEAS HWY #7 | |
| CITY-ST-ZIP | ISLAMORADA FL 33036 | |
| 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"/> Delete |
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| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DALVANO, MICHAEL R | |
| STREET ADDRESS | 82681 OVERSEAS HWY | |
| CITY-ST-ZIP | ISLAMORADA FL 33036 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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: Michael R Dalvano

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-04

Date

305-664-4893

Daytime Phone #