

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90109 001 ***150.00

DOCUMENT # P98000029318

1. Entity Name

VIDEO LAND OF DOWLING PARK, INC.



Principal Place of Business

23527 C.R. 250
LIVE OAK FL 32060

Mailing Address

11721 116TH TERR.
LIVE OAK FL 32060



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3501000**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RELIFORD, JERRY
11721 116TH TERR.
LIVE OAK FL 32060

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
RELIFORD, JERRY
11721 116TH TERR.
LIVE OAK FL 32060 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Secretary
Jeri L. Giddens
21332 114th Pl.
LIVE OAK, FL 32060 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VSTD
RELIFORD, LUTRELLE
11721 116TH TERR.
LIVE OAK FL 32060 ☒ Delete

TITLE
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CITY- ST- ZIP
☐ Change ☐ Addition

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CITY- ST- ZIP
☐ Change ☐ Addition

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2007 386-208-0644
Date Daytime Phone #