

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State

01-26-2004 90006 049 ***158.75

DOCUMENT # P99000063984

1. Entity Name
VIDEO CENTRAL MONITORING INC



Principal Place of Business
**2115 10TH AVENUE NORTH
LAKE WORTH, FL 33461**

Mailing Address
**2115 10 AVE N
LAKE WORTH, FL 33461**

34000601



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number
65-0939058

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TESORIGRE, ROGER
2115 10TH AVENUE NORTH
LAKE WORTH, FL 33461**

Name **T.N. Murphy, Jr., P.A.**
Street Address (P.O. Box Number is Not Acceptable)

980 N. Federal Hwy, Ste 410
City **Boca Raton** FL Zip Code **33432**

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

1/22/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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 PD
NAME **TESORIGRE, ROBERT** ☒ Delete
STREET ADDRESS **2115 10TH AVE N**
CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE PD
NAME **Berkoff, Jeff** ☐ Change ☒ Addition
STREET ADDRESS **2115 10th Ave N.**
CITY-ST-ZIP **lake worth, FL 33461**

TITLE S
NAME **TARES, JACK** ☐ Delete
STREET ADDRESS **2115 10TH AVE N**
CITY-ST-ZIP **LAKE WORTH, FL 33461**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 lists empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-04