

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000065298

1. Entity Name
U CAN VIDEOS, INC.



Principal Place of Business
**1719 KNIGHTS CT.
NAPLES, FL 34112**

Mailing Address
**1719 KNIGHTS CT.
NAPLES, FL 34112**



04012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3587568	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SIESKY, JAMES H
SHIESKY, PILON & WOOD
1000 N. TAMiami TR., STE. 201
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000879765
04/15/08-80033-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	VOKAC, ROBERTA
STREET ADDRESS	1719 KNIGHTS CT.
CITY-ST-ZIP	NAPLES, FL 34112

TITLE	D
NAME	VOKAC, ED
STREET ADDRESS	1719 KNIGHTS CT.
CITY-ST-ZIP	NAPLES, FL 34112

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Roberta Vokac **ROBERTA VOKAC** - **DIRECTOR** 4/1/08 (239) 793-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #