


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90003 021 ***150.00

DOCUMENT # 287468

1. Entity Name
AUDIO SYSTEMS OF FLORIDA, INC.



Principal Place of Business
**1985 CORPORATE SQUARE
 LONGWOOD, FL 32750 US**

Mailing Address
**1985 CORPORATE SQUARE
 LONGWOOD, FL 32750 US**

44046430



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

05212004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1082792

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SICK, WILSON W., JR.
 1985 CORPORATE SQUARE
 LONGWOOD, FL 32750**

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, 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 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5:00** May Be Added to Fees

In accordance with s.607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SICK, WILSON W., JR. 1985 CORPORATE SQUARE LONGWOOD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS RUDD, MICKEY C 5306 FERNHILL CT. ORLANDO, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SICK, III W 1985 CORPORATE SQUARE LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HINST, VIRGINIA 978 PALM SPRINGS DRIVE ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KRALL, CHRISTOPHER 159 CIRCLE HILL ROAD LONGWOOD, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

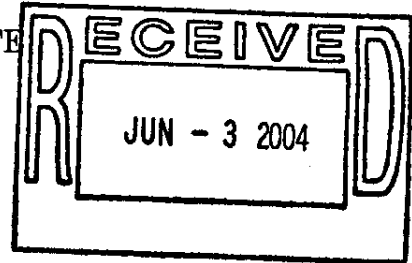
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 like empowered.

SIGNATURE: Wilson W Sick Jr **7/3/04** 417-332-1985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



attachment
44046430

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State



May 21, 2004

AUDIO SYSTEMS OF FLORIDA, INC.
1985 CORPORATE SQUARE
LONGWOOD, FL 32750 US

SUBJECT: AUDIO SYSTEMS OF FLORIDA, INC.
Ref. Number: 287468

We have received your check(s) totaling \$150.00; however it cannot be processed and is being returned for the following:

There was not a completed annual report/uniform business report form submitted with your check. The enclosed form must be completed in its entirety and resubmitted with the filing fee.

Both the annual report/uniform business report and the filing fee must be received by our office together in order to be processed.

Please return the corrected documents to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Gary Blankenbaker
Document Specialist

Letter Number: 604A00035924

Attachment



44046430

Division of Corporations

Annual Report

Page 1

Document Number
287468

Business Entity Name
AUDIO SYSTEMS OF FLORIDA, INC.

FEI Number **591082792**

FEI Number Status Applied For Not Applicable Current
Certificate of Status Desired Yes No \$8.75 each

Principal Place of Business

Address **1985 CORPORATE SQUARE**
Suite, Apt. #, etc.
City, State **LONGWOOD**, **FL**
Zip Code & Country **32750** **US**

Mailing Address

Address **1985 CORPORATE SQUARE**
Suite, Apt. #, etc.
City, State **LONGWOOD**, **FL**
Zip Code & Country **32750** **US**

Name And Address of Registered Agent

Name (Last, First, Middle, Title) _____
-or- RA Business Name **SICK, WILSON W., JR.**
Address **1985 CORPORATE SQUARE**
Suite, Apt. #, etc.
City, State **LONGWOOD**, **FL**
Zip Code & Country **32750** **US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature *Wilson W. Sick, Jr.*

City, State ALTAMONTE SPRINGS, FL

Zip Code & Country 32701

Title VPD

Name (Last, First, Middle, Title) KRALL CHRISTOPHER

-or- Entity Name

Street Address 159 CIRCLE HILL ROAD

City, State LONGWOOD, FL

Zip Code & Country 32750

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

List more than six Officers/Directors No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title PD

Officer/Director Signature WILSON W. SICK III

Continue Reset

Start Over

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Public Access Help