

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 656817

FILED
Feb 27, 2006
Secretary of State

Entity Name: FT. MYERS AUTO SOUND, INC.

Current Principal Place of Business:

4145 FOWLER ST
FT. MYERS, FL 33901

New Principal Place of Business:

Current Mailing Address:

4145 FOWLER ST
FT. MYERS, FL 33901

New Mailing Address:

FEI Number: 59-1981588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZAGER, DAVID R.
9301 HEATHER LANE
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZAGER, DAVID R
Address: 9301 HEATHER LANE
City-St-Zip: NORTH FORT MYERS, FL

Title: VP () Delete
Name: ZAGER, RICHARD R
Address: 6969 HIGHLAND PARK CIRCLE
City-St-Zip: FT MYERS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: ZAGER, RICHARD R
Address: 17120 TERRAVERDE CIRCLE #5
City-St-Zip: FT MYERS, FL

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD A. ZAGER

VP

02/27/2006

Electronic Signature of Signing Officer or Director

Date