

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 673033

1. Entity Name
SOUND MANAGEMENT OF ST. PETERSBURG, INC.



Principal Place of Business
**2325 ULMERTON ROAD
SUITE 20
CLEARWATER, FL 34622 US**

Mailing Address
**2325 ULMERTON ROAD
SUITE 20
CLEARWATER, FL 34622 US**



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2006644

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**MORRIS, GREG
2325 ULMERTON RD
#20
CLEARWATER, FL 33762**

**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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BULLARD, FRED B JR.
STREET ADDRESS 2325 ULMERTON ROAD SUITE 20
CITY - ST - ZIP CLEARWATER, FL

TITLE VP
NAME MORRIS, GREG
STREET ADDRESS 2325 ULMERTON ROAD STE 20
CITY - ST - ZIP CLEARWATER, FL 33762

TITLE
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CITY - ST - ZIP

000000338870
04/28/05-80050-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gregory D. Morris
GREGORY D. MORRIS

4/28/05
4/28/05

727-576-6424
727-576-6424