## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #673033**

1. Entity Name

SOUND MANAGEMENT OF ST. PETERSBURG, INC.



Principal Place of Business

CLEARWATER, FL 34622

Mailing Address

2325 ULMERTON ROAD SUITE 20 2325 ULMERTON ROAD

SUITE 20

DO NOT WRITE IN THIS SPACE

CLEARWATER, FL 34622

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## FILED Apr 14, 2006 8:00 am Secretary of State

04-14-2006 90138 009 \*\*\*150.00

Militoran



03142006

No Chg-P

CR2E034 (11/05)

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)  OATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finance     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE	PD				
NAME	BULLARD, FRED B JR.				
STREET ADORESS	2325 ULMERTON ROAD SUITE 20				
CITY-ST-ZIP	CLEARWATER, FL				
TITLE	VP				
NAMÉ	MORRIS, GREG				
STREET ADDRESS	2325 ULMERTON ROAD STE 20				
CtTY-ST-ZIP	CLEARWATER, FL 33762				
TITLE					
NAME					
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
				<del></del>	
TITLE				IN '	THIS SPACE
NAME STREET ADDRESS				•••	
CITY-ST-ZIP					
TITLE					
NAME STREET ADDRESS					
CITY-ST-ZIP					
TITLE					

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 affect 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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(DEBORY)

4/11/06

727-576.6424

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Daytime Phone #