

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000001594

1. Entity Name  
COMSONICS SOUTH, INC.



Principal Place of Business  
3125 JUPITER PARK CIRCLE  
#4  
JUPITER, FL 33458

Mailing Address  
P.O. BOX 1106  
HARRISONBURG, VA 22801



07072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
54-1972115

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CUMMINGS, JERRY  
3125 JUPITER PARK CIRCLE, UNIT #4  
JUPITER, FL 33458

**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 file if applicable.

**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**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC ZIMMERMAN, DENNIS A 1350 PORT REPUBLIC ROAD HARRISONBURG, VA 22801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MEYERHOEFFER, DONN E 1350 PORT REPUBLIC ROAD HARRISONBURG, VA 22801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUMMINGS, JERRY 3125 JUPITER PARK CIRCLE, UNIT #4 JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LAM, DALE S 1350 PORT REPUBLIC ROAD HARRISONBURG, VA 22801
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

0000016633  
07/16/04-80004-023 150.00

**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

Dale S. Lam, Treasurer

7/1/04

Date

540-434-5965

Daytime Phone #