


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90021 045 \*\*\*150.00

<b>DOCUMENT # F03000002020</b>	
1. Entity Name <b>SOUND &amp; SEA TECHNOLOGY, INC.</b>	

Principal Place of Business <b>11931 MAPLEWOOD AVE. EDMONDS, VA 98026-3113</b>	Mailing Address <b>11931 MAPLEWOOD AVE. EDMONDS, VA 98026-3113</b>
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2. Principal Place of Business <b>SOUND &amp; SEA TECHNOLOGY</b> Suite, Apt. #, etc. <b>11931 MAPLEWOOD AVE.</b> City & State <b>EDMONDS WA</b> Zip <b>98026-3113</b> Country <b>USA</b>	3. Mailing Address <b>SOUND &amp; SEA TECHNOLOGY</b> Suite, Apt. #, etc. <b>11931 MAPLEWOOD AVE.</b> City & State <b>EDMONDS WA</b> Zip <b>98026-3113</b> Country <b>USA</b>
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01072004 Chg-P CR2E034 (10/03)

4. FEI Number <b>91-2135865</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>HANDLEY, SHARON 30 HILLBROOK WAY PENSACOLA, FL 32503</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MEGGITT, JUDITH A 11931 MAPLEWOOD AVE. EDMONDS, VA 980263113</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MEGGITT, JUDITH A. 11931 MAPLEWOOD AVE. EDMONDS, WA 98026-3113</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST MEGGITT, DALLAS J 11931 MAPLEWOOD AVE. EDMONDS, VA 980263113</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST MEGGITT, DALLAS J. 11931 MAPLEWOOD AVE. EDMONDS, WA- 98026-3113</b> <input checked="" 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
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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:  <b>JUDITH A. MEGGITT</b>	Date <b>(425) 743-1282</b>
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