

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F94000005673

1. Entity Name
SONARTECH INC.



Principal Place of Business
6061 SHADY OAKS LANE
NAPLES, FL 34119 US

Mailing Address
2614 TAMiami TRAIL NORTH
#713
NAPLES, FL 34103 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08292008

Chg-P

CR2E034 (12/06)

4. FEI Number

94-3184215

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME MARTINDALE, CG
STREET ADDRESS 2614 TAMiami TRAIL NORTH, #713
CITY-ST-ZIP NAPLES, FL 34103

TITLE DST ☒ Delete
NAME MARTINDALE, LINDA
STREET ADDRESS 2614 TAMiami TRAIL NORTH, #713
CITY-ST-ZIP NAPLES, FL 34103

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE 08/26/08 01022 014 ☐ Change ☐ Addition
NAME #43.75
STREET ADDRESS
CITY-ST-ZIP

TITLE 300134923153 ☐ Change ☐ Addition
NAME 08/26/08--01022--014 **43.75
STREET ADDRESS
CITY-ST-ZIP

TITLE 08/26/08 01022 014 ☐ Change ☐ Addition
NAME 006-4500453-100949535
STREET ADDRESS
CITY-ST-ZIP

TITLE 08/26/08 01022 014 ☐ Change ☐ Addition
NAME 006-4500453-100949535
STREET ADDRESS
CITY-ST-ZIP

TITLE 300134923153 ☐ Change ☐ Addition
NAME 09/23/08--01010--012 **17.50
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 #

FILED

08 SEP 15 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

