



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90450 033 ***150.00

DOCUMENT # F98000006174 1. Entity Name SOUND PARTS, INC.					
Principal Place of Business 1219 TALLEVAST RD SARASOTA, FL 34243			Mailing Address 1219 TALLEVAST RD SARASOTA, FL 34243		
2. Principal Place of Business <i>205 Montgomery Ave</i> Suite, Apt. #, etc. <i>Building #1</i> City & State <i>Sarasota, FL</i> Zip <i>34243</i>		3. Mailing Address <i>205 Montgomery Ave</i> Suite, Apt. #, etc. <i>Building #1</i> City & State <i>Sarasota, FL</i> Zip <i>34243</i>			
4. FEI Number 34-1752595		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04272005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HERB, F. STEVEN 2070 RINGLING BLVD. SARASOTA, FL 34237			7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP CASTOR, GERALD 1219 TALLEVAST RD SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>205 Montgomery Ave. #1</i> <i>Sarasota, FL 34243</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYMAN, SHERIE 1219 TALLEVAST RD SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>SAME AS ABOVE</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYMAN, SHERIE 1219 TALLEVAST ROAD SARASOTA, FL 34243	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>SAME AS ABOVE</i>	
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	
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	
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 my address, with all other like empowered.					
SIGNATURE: <i>Sheree Reymann</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>4-28-05</i> Daytime Phone # <i>941-359-9990</i>		