

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # G22735

1. Entity Name
EXUMA SOUND, INC.



Principal Place of Business
**9035 AMERICANA ROAD
SUITE 18
VERO BEACH, FL 32966**

Mailing Address
**9035 AMERICANA ROAD
SUITE 18
VERO BEACH, FL 32966**



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2263274

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAPPAS, JAMES
9035 AMERICANA ROAD
SUITE 18
VERO BEACH, FL 32966**

**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)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GRINBERG, MARTA
637 VICKERS ST
SEBASTIAN, FL 329584457**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LAPPAS, JAMES
4805 16TH ST
VERO BEACH, FL 329662370**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LAPPAS, NORMA
4805 16TH ST
VERO BEACH, FL 329662370**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000617498
02/07/07-60078-004 150.00

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IN THIS SPACE**

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:

James Lappas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES LAPPAS - 30 JANUARY 2007

Date

Daytime Phone #

(772) 770-1823