

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90217 035 ***150.00

DOCUMENT # K71683

1. Entity Name
AUDIO SENSATION, INC.



Principal Place of Business
**1857 GULF-TO-BAY BLVD.
CLEARWATER, FL 33765 US**

Mailing Address
**1857 GULF-TO-BAY BLVD.
CLEARWATER, FL 33765 US**

14007681



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

04202005 Chg-P CR2E034 (10/03)

4. FEI Number
59-2939485

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CONOVER, TERRY S.
2489 JOHNNA CT
PALM HARBOR, FL 34685**

*> address
chg only*

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1405 Lahara Way
City **Trinity** FL Zip Code **34655**

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. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	CONOVER, TERRY S.	
STREET ADDRESS	2489 JOHNNA CT	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CONOVER, TERRY S.	
STREET ADDRESS	2489 JONNA CT	
CITY-ST-ZIP	PALM HARBOR, FL 34685	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVPSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Conover, Terry S.	
STREET ADDRESS	1405 Lahara Way	
CITY-ST-ZIP	Trinity, FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Terry S. Conover Terry S. Conover

Date _____ Daytime Phone # _____