

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 12, 2008 08:00 AM  
Secretary of State

DOCUMENT # K86772

1. Entity Name  
SIMS MUSIC & SOUND, INC.



Principal Place of Business  
4000 NEWBERRY ROAD  
SUITE I  
GAINESVILLE, FL 32607

Mailing Address  
4000 NEWBERRY ROAD  
SUITE I  
GAINESVILLE, FL 32607



02112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2948556	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELDER, CHARLES G.  
703 N.E. FIRST ST.  
111 S.E. 1ST AVENUE  
GAINESVILLE, FL 32601

**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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

00000000000000000000  
02/21/08-80011-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	LYNCH, STANLEY III
STREET ADDRESS	7400 A1A SOUTH
CITY - ST - ZIP	SAINT AUGUSTINE, FL 32086

TITLE	P
NAME	SIMS, JEFFREY F.
STREET ADDRESS	323 TURKEY CREEK
CITY - ST - ZIP	ALACHUA, FL 32615

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-08 352-377-8986