2008 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # L09531

1. Entity Name

SUBKO CONSTRUCTION COMPANY INC



FILED Mar 12, 2008 8:00 am Secretary of State

03-12-2008 90026 018 ***158.75

SOUND CONSTRUCTION COMPANY, INC.			7	
Principal Place of Business 1355 PALMETTO PARK RD. SUITE 319 BOCA RATON FL 33486	Mailing Address 1355 PALMETTO PARI SUITE 319 BOCA RATON FL 334			
2. Principal Place of Business - No P.O.	Box # 3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E034 (10/07)	
City & State	City & State		4. FEI Number 65-0143664 Applied FC Not Applie	
Zija Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
SUBKO, JOHN S 299 SW 7 AVE BOCA RATON FL 33486		Name		
		Street Address	ss (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. Fam familiar with, and accepted obligations of registered agent.				
SIGNATURE			oned when considery) DATE	
FILE NOW!!! FEE IS S After May 1, 2008 Fee Will E Make Check Payable to Florida Dep	se \$550.00		9. Election Campaign Financing \$5.00 May Trust Fued Contribution. Added to Fee	
10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\neg \neg$
TITLE P SAME SUBKO, JOHN S STREET ADDRESS 2995 W. 7 AVE	□ Deck 1995 W 7AV F	TITLE NAME STREET ADDRESS	☐ Change ☐ Ado	dition
CITY-ST-ZIP BOCA RATON FL		CITY-ST-ZIP		
NAME SUBKO, LILLIAN L	☐ Dalete	TITLE NAME	Change Ade	dition
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NAME STREET ADDRESS		NAME . STREET ADDRESS		
CHX-St-Zip		CHY-SI-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

TITLE

NAME

STREET ADDRESS

CITY-SF-ZIP

TITLE

NAME

STREET ADDRESS

OffY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BRECTOR

Delete

☐ Change

Addition