

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L80516

1. Entity Name
SOUND MARINE ELECTRONICS, INC.



Principal Place of Business
**1302 S. 22ND ST.
TAMPA, FL 33605 US**

Mailing Address
**1302 S. 22ND ST.
TAMPA, FL 33605 US**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0202205

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROBERTSON, GAIL
1302 S. 22ND ST.
TAMPA, FL 33605**

**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

01/04/06
01/04/06-80642-003 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**DPT
ROBERTSON, GAIL
1302 S. 22ND ST.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MCCARTY, GEORGE
1302 S. 22ND ST.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
BRODERICK, ROSA M.
3759 PLEASANTON RD
SAN ANTONIO, TX**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCM
BRODERICK, JOHN M.
1302 S. 22ND ST.
TAMPA, FL**

TITLE
NAME
STREET ADDRESS
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:

Gail Robertson
Gail Robertson

1-4-06

813 247 7195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #