

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # M70256

1. Entity Name
CENTRAL FLORIDA ACOUSTICS, INC.



Principal Place of Business
**460 EAST LEMON STREET
TARPON SPRINGS, FL 34689**

Mailing Address
**460 EAST LEMON STREET
TARPON SPRINGS, FL 34689**



01052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2878971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WAZOCHA, MICHAEL J
460 EAST LEMON STREET
TARPON SPRINGS, FL 34689**

**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]

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-13-05

DATE

**FILE NOW!!! FEB 15 \$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	DP
NAME	WAZOCHA, MICHAEL J.
STREET ADDRESS	460 EAST LEMON STREET
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

TITLE	ST
NAME	WAZOCHA, JOANNE M.
STREET ADDRESS	460 EAST LEMON STREET
CITY-ST-ZIP	TARPON SPRINGS, FL 34689

TITLE	VP
NAME	WAZOCHA, JOHN J
STREET ADDRESS	3542 BLUE BELL LANE
CITY-ST-ZIP	HOLIDAY, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/24/05-80091-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature] **MICHAEL WAZOCHA**

1-13-05

DATE

727-939-2407

Daytime Phone #