2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000080108

1. Entity Name

SOUND TECHNOLOGY SALES CORPORATION



FILED Apr 19, 2007 08:00 AM Secretary of State

Principal Place of Business

US 41 N LAKE CITY, FL 32055 Mailing Address

P.O. BOX 1925 LAKE CITY, FL 32056



DO NOT WRITE IN THIS SPACE

01022007 No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3672078

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHNER, RONALD T 635 NW RODEO CT LAKE CITY, FL 32055

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				Agent signature required when reinstating) DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	ORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHNER, RONALD T P.O. BOX 1925 LAKE CITY, FL 32056	:	, ,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCHNER, BRIAN D P.O. BOX 1925 LAKE CITY, FL 32056			, F		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				in :	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			egy?		U00000716741 - 04/30/07-80020-	012 150.00

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 propagation 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:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-07

386-752-9754

Daytime Phone