


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90043 016 \*\*\*158.75

<b>DOCUMENT # P01000056814</b> 1. Entity Name <b>SOUNDVISION OF THE EMERALD COAST INC.</b>					
Principal Place of Business <b>249 GULF PINES CT FREEPORT, FL 32439</b>			Mailing Address <b>249 GULF PINES CT FREEPORT, FL 32439</b>		
2. Principal Place of Business - No P.O. Box # <b>249 Gulf Pines Ct</b>		3. Mailing Address <b>249 Gulf Pines Ct</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Freeport FL</b>		City & State <b>Freeport FL</b>		4. FEI Number <b>59-3724315</b>	
Zip <b>32439</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LARUMBE, DAVID R 58 TURKEY CT. SANTA ROSA BCH, FL 32459</b> <i>Larumbe David 249 Gulf Pines Ct Freeport FL 32439</i>				7. Name and Address of New Registered Agent Name <b>Larumbe David</b> Street Address (P.O. Box Number is Not Acceptable) <b>249 GULF PINES CT.</b> City <b>Freeport</b> <b>FL</b> Zip Code <b>32439</b>	
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 <i>David R Larumbe</i> <b>President</b> <b>7/3/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARUMBE, DAVID R 249 GULF PINE CT FREEPORT, FL 32439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARUMBE, JACQUELINE C 249 GULF PINE CT FREEPORT, FL 32439	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b> <i>David R Larumbe</i> <b>7/3/07</b> <b>850-830-2083</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					