

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 10, 2004 8:00 am**  
**Secretary of State**

09-10-2004 90010 008 \*\*\*550.00

**DOCUMENT # P01000074488**

1. Entity Name  
**PEAK SOUNDS, INC.**



Principal Place of Business  
**5315 W LAKE BUTLER RD  
WINDERMERE, FL 34786**

Mailing Address  
**P.O. BOX 2936  
WINDERMERE, FL 34786-2936**

**24084827**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07152004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**59-3727294**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KREUZER, VALERIE  
5315 W LAKE BUTLER RD  
WINDERMERE, FL 34786**

Name **KREUZER, VALERIE**  
Street Address (P.O. Box Number is Not Acceptable)

**10515 BOCA POINTE DRIVE**

City **ORLANDO**

FL

Zip Code **32836**

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

*Valerie Kreuzer*

(NOTE: Registered Agent signature required when reinstating)

*7 Sept. 04 Valerie Kreuzer*

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
KREUZER, NORBERT E  
5315 W LAKE BUTLER RD  
WINDERMERE, FL 34786** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
KREUZER, VALERIE A  
5315 W LAKE BUTLER RD  
WINDERMERE, FL 34786** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Valerie Kreuzer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*7 Sept. 04 Valerie Kreuzer (407) 421-0999*