

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90039 014 ***150.00

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1. Entity Name

ACOUSTIBLOK, INC.



Principal Place of Business

4207 EVA ST.
TAMPA FL 33617

Mailing Address

6900 INTERBAY BLVD.
TAMPA FL 33616

40010737



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

6900 INTERBAY BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAMPA

City & State

FL

City & State

4. FEI Number 59-3739778

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip 33616

Country

Hillsboro

Zip

Country

6. Name and Address of Current Registered Agent

JOHNSON, LAHNIE
4207 EVA ST.
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name Johnson, LAHNIE
Street Address (P.O. Box Number is Not Acceptable)
6900 INTERBAY BLVD
TAMPA
City FL Zip Code 33616

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

1-25-05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME JOHNSON, LAHNIE
STREET ADDRESS 4207 EVA ST.
CITY-ST-ZIP TAMPA FL 33617 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME
NAME SAME
STREET ADDRESS 6900 INTERBAY BLVD.
CITY-ST-ZIP TAMPA, FL 33616 ☒ Change ☐ Addition

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

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

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

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

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-25-05