

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000083723
 1. Entity Name
ADVANCED AUDIO DESIGN OF NAPLES, INC.



Principal Place of Business
**2400 TRADE CENTER WAY
 NAPLES, FL 34109**

Mailing Address
**4915 SOUTH TAMiami TRAIL
 SARASOTA, FL 34231**



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MUNTER, HAROLD G
 4915 SOUTH TAMiami TRAIL
 SARASOTA, FL 34231**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000126956
 04/23/04-80053-018 300.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CT MUNTER, HAROLD G 4915 SOUTH TAMiami TRAIL SARASOTA, FL 34231 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PS GUENTHER, ANDREW J 4915 SOUTH TAMiami TRAIL SARASOTA, FL 34231 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GUENTHER, JONATHON H 2400 TRADE CENTER WAY NAPLES, FL 34109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP KAHN, WAYNE 2400 TRADE CENTER WAY NAPLES, FL 34109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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: *Harold G Munter* 1/6/04 941-925-2673
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #