

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90023 001 ***300.00

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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**



01242006 No Chg-P CR2E034 (11/05)

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/06 — 941-925-2673

Date

Daytime Phone #