

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90440 001 \*\*\*300.00

**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**



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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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, 2007 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

Date

Daytime Phone #

*Harold G. Munter* **HAROLD G. MUNTER** 4/24/07 925-2673