

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90005 026 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P01000102170**

1. Entity Name  
**A & B AUDIO, INC.**



Principal Place of Business  
**39620 US HWY 19 NORTH  
TARPON SPRINGS, FL 34689**

Mailing Address  
**39620 US HWY 19 NORTH  
TARPON SPRINGS, FL 34689**

**40030024**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number  
**30-0046740**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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**

**STATHOPOULOS, ANGELA  
39620 US HWY. 19 N  
TARPON SPRINGS, FL 34689**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **D** ☐ Delete  
NAME **STATHOPOULOS, BILL**  
STREET ADDRESS **2861 SUMMERDALE DR**  
CITY- ST- ZIP **CLEARWATER, FL 34619**

TITLE **> same** ☒ Change ☐ Addition  
NAME **1337 S. Lotus DR**  
STREET ADDRESS **Dunedin, FL 34698**  
CITY- ST- ZIP

TITLE **D** ☐ Delete  
NAME **NIKIFORAKIS, ANDREW**  
STREET ADDRESS **5324 SEA HORSE DR**  
CITY- ST- ZIP **TARPON SPRINGS, FL**

TITLE **> same** ☒ Change ☐ Addition  
NAME **New Port Richey, FL 34652**  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

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 #