


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2005 8:00 am
Secretary of State

05-27-2005 90021 048 ***150.00

DOCUMENT # P01000120866 1. Entity Name SONIC, INC.	
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Principal Place of Business 5002 W. NASSAU STREET TAMPA, FL 33607	Mailing Address 5002 W. NASSAU STREET TAMPA, FL 33607
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DO NOT WRITE IN THIS SPACE



05242005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0554293	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

JACOBS, WILLIAM H
5002 W. NASSAU STREET
TAMPA, FL 33607

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, 5002 W. NASSAU STREET TAMPA, FL 33607
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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: William H Jacobs **5-25-05** **813-286-8500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #