## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000094394

Entity Name: ABSOLUTE SOUND OF JAX, INC.

FILED Mar 11, 2008 Secretary of State

11672 PHILIPS HIGHWAY
JACKSONVILLE, FL 32256

11672 PHILIPS HIGHWAY
JACKSONVILLE, FL 32258

Current Mailing Address: New Mailing Address:

105 SOUTHERN GROVE DRIVE 105 SOUTHERN GROVE DRIVE JACKSONVILLE, FL 32259 ST JOHNS, FL 32259

FEI Number: 16-1626952 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JB, HARRIS
105 SOUTHERN GROVE DR.
JACKSONVILLE, FL 32259 US
JB, HARRIS
105 SOUTHERN GROVE DR.
ST JOHNS, FL 32259 US

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.

SIGNATURE: 03/11/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: JB, HARRIS Name: JB, HARRIS

Address: 105 SOUTHERN GROVE DR. Address: 105 SOUTHERN GROVE DR. City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: ST JOHNS, FL 32259

 $\label{eq:title:V} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{( ) Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change ( ) Addition}$ 

Name: HARRIS, DAVID Name: HARRIS, DAVID

Address: 105 SOUTHERN GROVE DR Address: 105 SOUTHERN GROVE DR
City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: ST JOHNS, FL 32259

Title: ST () Delete Title: ST (X) Change () Addition

Name:HARRIS, PATRICIAName:HARRIS, PATRICIAAddress:105 SOUTHERN GROVE DRAddress:105 SOUTHERN GROVE DRCity-St-Zip:JACKSONVILLE, FL 32259City-St-Zip:ST JOHNS, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA HARRIS ST 03/11/2008