## 2007 FOR PROFIT CORPORATION **FILED** ANNUAL REPORT Feb 26, 2007 08:00 AI **DOCUMENT # P02000103153 Secretary of State** 1. Entity Name D.D. & R. SOUND INC. Principal Place of Business Mailing Address 2131 KEWANNEE TRAIL 2131 KEWANNEE TRAIL CASSELBERRY, FL 32707 CASSELBERRY, FL 32707 01072007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3361303 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WUEST, DONALD K DO NOT WRITE 2131 KEWANNEE TRAIL CASSELBERRY, FL 32707 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE	NOWIII	FEE 18 \$	150.00
After May	1, 200	7 Fee will	be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WUEST, DONALD K 2131 KEWANNEE TRAIL CASSELBERRY, FL 32707					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TIFLE NAME						

U00000647889 03/06/07-80090-014 158.75

Applied For

Not Applicable

## 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.

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