

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90015 029 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P03000123095**

1. Entity Name  
**SOUND STRUCTURES ENGINEERING, INC.**



Principal Place of Business  
**2467 CENTERVILLE RD.  
TALLAHASSEE, FL 32308**

Mailing Address  
**2467 CENTERVILLE RD.  
TALLAHASSEE, FL 32308**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152008 Chg-P CR2E034 (12/06)

4. FEI Number  
**81-0640420**

Applied For  
Not Applicable

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

**DOUGLAS, BEVERLY T  
2467 CENTERVILLE RD.  
TALLAHASSEE, FL 32308**

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 reconstituting)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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

**PT  
DOUGLAS, W E  
2467 CENTERVILLE RD.  
TALLAHASSEE, FL 32308**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**VS  
BEITELMAN, TOM  
2467 CENTERVILLE RD.  
TALLAHASSEE, FL 32308**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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NAME  
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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 #

*Beverly T. Douglas / W. E. Douglas* 02/15/08 385-5288