

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90172 049 ***150.00

DOCUMENT # P04000023449 1. Entity Name JAMISON ACOUSTICS, INC.					
Principal Place of Business 2561 ROBINSON AVE. SARASOTA, FL 34232			Mailing Address 2561 ROBINSON AVE. SARASOTA, FL 34232		
2. Principal Place of Business <i>3404 56th Terrace East</i>		3. Mailing Address <i>3404 56th Terrace East</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Bradenton, FL</i>		City & State <i>Bradenton, FL</i>		4. FEI Number <i>200698033</i>	
Zip <i>34203</i>		Country <i>U.S.</i>		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JAMISON, WADE T 2561 ROBINSON AVE. SARASOTA, FL 34232		7. Name and Address of New Registered Agent Name <i>Jamison, Wade T.</i> Street Address (P.O. Box Number is Not Acceptable) <i>3404 56th Terrace East</i> City <i>Bradenton</i> FL Zip Code <i>34203</i>			
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 <i>Wade T. Jamison</i> DATE <i>01-30-05</i> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P	NAME JAMISON, WADE T		TITLE <i>President</i>	NAME <i>Jamison, Wade T.</i>	
STREET ADDRESS 2561 ROBINSON AVE.	CITY-ST-ZIP SARASOTA, FL 34232		STREET ADDRESS <i>3404 56th Terrace East</i>	CITY-ST-ZIP <i>Bradenton FL 34203</i>	
TITLE VP	NAME ROCKWELL, THOMAS J		TITLE VP	NAME <i>Rockwell, Thomas J</i>	
STREET ADDRESS 23004 71ST AVE., E.	CITY-ST-ZIP BRADENTON, FL 34202		STREET ADDRESS 2561 Robinson Ave	CITY-ST-ZIP Sarasota, FL 34232	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: <i>Wade T. Jamison</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>01-30-05</i>		Daytime Phone #: <i>941-650-8552</i>