

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-01-2006 90456 011 ***150.00

DOCUMENT # P04000023449					
1. Entity Name JAMISON ACOUSTICS, INC.					
Principal Place of Business 3404 56TH TERRACE EAST BRADENTON, FL 34203			Mailing Address 3404 56TH TERRACE EAST BRADENTON, FL 34203		
2. Principal Place of Business 1800 NORTGATE BLVD		3. Mailing Address 1800 NORTGATE BLVD			
Suite, Apt. #, etc. B-2		Suite, Apt. #, etc. B-2			
City & State SARASOTA, FL		City & State SARASOTA, FL			
Zip 34234	Country SARASOTA	Zip 34234	Country SARASOTA		
4. FEI Number 20-0698033			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JAMISON, WADE T 3404 56TH TERRACE EAST BRADENTON, FL 34203			7. Name and Address of New Registered Agent Name DONALD H. HECKMAN Street Address (P.O. Box Number is Not Acceptable) 2025 J 63RD AVE EAST City BRADENTON FL Zip Code 34203		
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 <u><i>Donald H. Heckman</i></u> DATE <u>4/26/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P JAMISON, WADE T 3404 56TH TERRACE EAST BRADENTON, FL 34203 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROCKWELL, THOMAS J 2581 ROBINSON AVE SARASOTA, FL 34232 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u><i>H. T. Jamison</i></u>			PRESIDENT <u>4/26/06</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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04262006 Chg-P CR2E034 (11/05)