

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90030 048 \*\*\*150.00

DOCUMENT # P04000090881

1. Entity Name  
SOUND PLAYGRUND INC.



Principal Place of Business  
924 S DEL PRADO BLVD  
UNIT A  
CAPE CORAL, FL 33990

Mailing Address  
1929 SE 13TH ST  
CAPE CORAL, FL 33990

50059103



2. Principal Place of Business

3. Mailing Address

924 S. Del Prado Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit A

07282005

Chg-P

CR2E034 (10/03)

City & State

City & State

Cape Coral, FL

4. FEI Number

65-1141685

Applied For

Not Applicable

Zip

Country

Zip

33990

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

VALENTE, DOMENIC  
1929 SE 13TH ST  
CAPE CORAL, FL 33990

## 7. Name and Address of New Registered Agent

Name

Domenic Valente

Street Address (P.O. Box Number is Not Acceptable)

924 S Del Prado Blvd, Unit A

City

Cape Coral

FL

Zip Code

33990

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/28/05

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE P  
NAME VALENTE, DOMENIC ☐ Delete  
STREET ADDRESS 1929 SE 13TH ST  
CITY-ST-ZIP CAPE CORAL, FL 33990

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/05

Date

Daytime Phone #

339-523-7529