

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90154 033 ***150.00

DOCUMENT # P05000042826

1. Entity Name

SONIC ILLUSIONS, INC.



Principal Place of Business

4117 A WOODS EDGE CIRCLE
PALM BEACH GARDENS FL 33410
US

Mailing Address

4117 A WOODS EDGE CIRCLE
PALM BEACH GARDENS FL 33410
US



2. Principal Place of Business

4035 Pinella Circle

3. Mailing Address

4035 Pinella Circle

Suite, Apt. #, etc.

549

Suite, Apt. #, etc.

549

City & State

Palm Beach Gardens, FL

City & State

Palm Bch Gardens, FL

Zip

33410

Country

US

Zip

33410

Country

US

1st MOORE

CR2E034 (10/05)

4. FEI Number

20-2643204

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEYMOUR, RAYMOND A
4117 A WOODS EDGE CIRCLE
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name Same (Raymond A Seymour)

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

4035 Pinella Circle, 549

City Palm Bch Gardens

FL

Zip Code 33410

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 constituting)

DATE

4-26-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME SEYMOUR, RAYMOND A
STREET ADDRESS 4117A WOODS EDGE CIRCLE
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4-26-06 561-676-7629

Date

Daytime Phone #