

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90059 044 ***150.00

DOCUMENT # P05000053090

1. Entity Name

SOUNDWAVES OF ST. AUGUSTINE INC.



Principal Place of Business

1765 TREE BLVD.
SUITE 4
SAINT AUGUSTINE FL 32086

Mailing Address

1765 TREE BLVD.
SUITE 4
SAINT AUGUSTINE FL 32086



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

1765 Tree Blvd

Suite, Apt. #, etc.

Suite # 4

City & State

Saint Augustine FL

Zip

32084

Country

USA

3. Mailing Address

1765 Tree Blvd

Suite, Apt. #, etc.

Suite # 4

City & State

Saint Augustine FL

Zip

32084

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number 35-2252708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRIBBIN, JOHN A
1765 TREE BLVD
SUITE 4
SAINT AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 GRIBBIN, JOHN A
STREET ADDRESS 40 WESTMINSTER
CITY- ST- ZIP PALM COAST FL 32164

TITLE VP ☐ Delete

NAME KERLY, STEVEN J
STREET ADDRESS 4229 OAK LANE
CITY- ST- ZIP ST. AUGUSTINE FL 32086

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

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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 exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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

4-24-07 904 829 9495

Date

Daytime Phone #