

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097015

FILED  
Jun 07, 2007  
Secretary of State

Entity Name: HALF-HOUR CUSTOM AUDIO AND ACCESSORIES, INC.

## Current Principal Place of Business:

6900 HERITAGE DR  
SUITE B  
PORT SAINT LUCIE, FL 34952

## New Principal Place of Business:

## Current Mailing Address:

6900 HERITAGE DR  
SUITE B  
PORT SAINT LUCIE, FL 34952

## New Mailing Address:

FEI Number: 65-1254960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAVELA, DALE J  
6900 HERITAGE DRIVE STE B  
PT ST LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

RICHARD, FITZPATRICK JR  
6900 HERITAGE DRIVE STE B  
PT ST LUCIE, FL 34983 US

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.

SIGNATURE: RICHARD FITZPATRICK JR.

06/07/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SAVELA, DALE J  
Address: 211 NW LINCOLN AVE  
City-St-Zip: PT ST LUCIE, FL 34983

Title: VMD (X) Delete  
Name: SAVELA, AARON W  
Address: 542 SE VOLKERTS TERR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TSD (X) Delete  
Name: SAVELA, DARLEEN  
Address: 211 NW LINCOLN AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: ROLLIE, GILLIAM III  
Address: 141 S.W. PALM DRIVE APT#203  
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLLIE GILLIAM III

PRES

06/07/2007

Electronic Signature of Signing Officer or Director

Date