



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 8:00 am**  
**Secretary of State**

01-11-2008 90063 011 \*\*\*150.00

<b>DOCUMENT # P07000030370</b> 1. Entity Name <b>SPECTACULAR SPEAKERS, INC.</b>																							
Principal Place of Business <b>1616 6TH STREET VERO BEACH, FL 32962</b>			Mailing Address <b>1616 6TH STREET VERO BEACH, FL 32962</b>																				
2. Principal Place of Business - No P.O. Box # <b>1329 TIPPERARY DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>1329 TIPPERARY DRIVE</b> Suite, Apt. #, etc.																					
City & State <b>MELBOURNE, FL</b>		City & State <b>MELBOURNE, FL</b>		4. FEI Number <b>20-8608709</b>																			
Zip <b>32940</b>		Zip <b>32940</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																			
6. Name and Address of Current Registered Agent  <b>SIGUR, JESSICA A 1616 6TH STREET VERO BEACH, FL 32962</b>				7. Name and Address of New Registered Agent Name <b>SIGUR, JESSICA A</b> Street Address (P.O. Box Number is Not Acceptable) <b>1329 TIPPERARY DRIVE</b> City <b>MELBOURNE</b> FL Zip Code <b>32940</b>																			
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>Jessica A Sigur</i></u> DATE <u>1-9-2008</u> <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)</small>																							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																				
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>SIGUR, JESSICA A</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>1616 6TH STREET VERO BEACH, FL 32962</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS	<b>SIGUR, JESSICA A</b>		CITY-ST-ZIP	<b>1616 6TH STREET VERO BEACH, FL 32962</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>SIGUR, JESSICA A</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>1329 TIPPERARY DRIVE MELBOURNE, FL 32940</b></td> <td></td> </tr> </table>			TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>SIGUR, JESSICA A</b>		CITY-ST-ZIP	<b>1329 TIPPERARY DRIVE MELBOURNE, FL 32940</b>	
TITLE	NAME	<input type="checkbox"/> Delete																					
STREET ADDRESS	<b>SIGUR, JESSICA A</b>																						
CITY-ST-ZIP	<b>1616 6TH STREET VERO BEACH, FL 32962</b>																						
TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS	<b>SIGUR, JESSICA A</b>																						
CITY-ST-ZIP	<b>1329 TIPPERARY DRIVE MELBOURNE, FL 32940</b>																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS																							
CITY-ST-ZIP																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete																					
STREET ADDRESS																							
CITY-ST-ZIP																							
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition																					
STREET ADDRESS																							
CITY-ST-ZIP																							
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>Jessica A Sigur</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>1-9-2008</u> Daytime Phone # <u>321-574-1159</u>																				