2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2007 8:00 am
Secretary of State
05-15-2007 90008 039 ***150.00

DOCUMENT # P96000094703

1. Entity Name
SONO PARTNERS, INC.

Principal Place of Business	Mailing Address
146 CHESTNUT RIDGE RD ARDEN NC 28704	146 CHESTNUT RIDGE RD ARDEN NC 28704 US

1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0716658 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

New agent:
Brian Veccia
4597 St. Andrews Drive
Boynton Beach, FL 33436

7. Name and Address of New Registered Agent

Charles E. Passmore
146 Chestnut Ridge Rd
Arden, NC 28704-9792
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 C E Passmore, VP 4-26-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when filing) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CHARLES E. PASSMORE 146 CHESTNUT RIDGE RD ARDEN NC 28704	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VECCIA, JOSEPH 1800 LAKE DRIVE DELRAY BEACH FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRYAN, GREGORY 3495 PINE HALEN CIRCLE BOCA RATON FL 33432	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FITZ-HENRY, DON 1800 LAKE DRIVE DELRAY BEACH FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP VECCIA, BRIAN 1800 LAKE DRIVE DELRAY BEACH FL 33444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: C.E. Passmore, VP 4/26/07 828-684-8544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #