


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90030 013 ***150.00

DOCUMENT # P96000094703					
1. Entity Name SONO PARTNERS, INC.					
Principal Place of Business 146 CHESTNUT RIDGE RD ARDEN, NC 28704 <i>mills River, NC 28759</i>			Mailing Address 146 CHESTNUT RIDGE RD ARDEN, NC 28704 US		
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 <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VECCIA, BRIAN 4597 ST. ANDREWS DR BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00					
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	VP	NAME	CHARLES E. PASSMORE	<input type="checkbox"/> Delete	
STREET ADDRESS	146 CHESTNUT RIDGE RD				
CITY - ST - ZIP	ARDEN, NC 28704				
TITLE	D	NAME	VECCIA, JOSEPH	<input type="checkbox"/> Delete	
STREET ADDRESS	1800 LAKE DRIVE				
CITY - ST - ZIP	DELRAY BEACH, FL 33444				
TITLE	D	NAME	CRYAN, GREGORY	<input type="checkbox"/> Delete	
STREET ADDRESS	3495 PINE HALEN CIRCLE				
CITY - ST - ZIP	BOCA RATON, FL 33432				
TITLE	VP	NAME	FITZ-HENRY, DON	<input type="checkbox"/> Delete	
STREET ADDRESS	1800 LAKE DRIVE				
CITY - ST - ZIP	DELRAY BEACH, FL 33444				
TITLE	VP	NAME	VECCIA, BRIAN	<input type="checkbox"/> Delete	
STREET ADDRESS	1800 LAKE DRIVE				
CITY - ST - ZIP	DELRAY BEACH, FL 33444				
TITLE		NAME		<input type="checkbox"/> Delete	
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		NAME	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		mills River, NC 28759			
CITY - ST - ZIP					
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4-5-08 Daytime Phone #: 828-681-8544					