

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094703

Entity Name: SONO PARTNERS, INC.

FILED
Jun 29, 2009
Secretary of State

Current Principal Place of Business:

146 CHESTNUT RIDGE RD
MILLS RIVER, NC 28759

New Principal Place of Business:

Current Mailing Address:

146 CHESTNUT RIDGE RD
MILLS RIVER, NC 28759 US

New Mailing Address:

FEI Number: 65-0716658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VECCIA, BRIAN
4597 ST. ANDREWS DR
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

VECCIA, BRIAN
1800 LAKE DRIVE
DELRAY BEACH, FL 33444 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: BRIAN VECCIA

06/29/2009

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: VP () Delete
Name: CHARLES E. PASSMORE
Address: 146 CHESTNUT RIDGE RD
City-St-Zip: MILLS RIVER, NC 28759

Title: D () Delete
Name: VECCIA, JOSEPH
Address: 1800 LAKE DRIVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: D () Delete
Name: CRYAN, GREGORY
Address: 3495 PINE HALEN CIRCLE
City-St-Zip: BOCA RATON, FL 33432

Title: VP () Delete
Name: FITZ-HENRY, DON
Address: 1800 LAKE DRIVE
City-St-Zip: DELRAY BEACH, FL 33444

Title: VP () Delete
Name: VECCIA, BRIAN
Address: 1800 LAKE DRIVE
City-St-Zip: DELRAY BEACH, FL 33444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHARLES E. PASSMORE

VP

06/29/2009

Electronic Signature of Signing Officer or Director

Date