

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90708 047 ***150.00

DOCUMENT # P97000054789

1. Entity Name

SOUND INSIGHTS, INC.



Principal Place of Business

3295 NW FEDERAL HWY
JENSEN BEACH FL 34957

Mailing Address

3295 NW FEDERAL HWY
JENSEN BEACH FL 34957

2. Principal Place of Business

3293 NW Federal Hwy

3. Mailing Address

3293 NW Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jensen Beach FL 3

City & State

Jensen Beach FL

Zip

34957

Country

USA

Zip

34957

Country

USA

4. FEI Number

65-0767491

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUMNERS, SHANNON D
1601 SE MISTLETOE ST.
PORT ST. LUCIE FL 34983

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!! FEE IS \$150.00

After May 1, 2004 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

TITLE SD
NAME SUMNERS, SHANNON D ☐ Delete
STREET ADDRESS 1601 SE MISTLETOE ST.
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE PD
NAME SUMNERS, STEVEN K ☐ Delete
STREET ADDRESS 1601 SE MISTLETOE ST.
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Shannon D. Sumners Shannon D Sumners 772-692-9550 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #