

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90037 044 \*\*\*150.00

**DOCUMENT # S36364**

1. Entity Name  
AUDIO EXPRESSIONS, INC.



Principal Place of Business  
11-B BEAL PARKWAY, SE  
FT. WALTON BEACH, FL 32548 US

Mailing Address  
11-B BEAL PARKWAY, SE  
FT. WALTON BEACH, FL 32548 US

50026657



03022005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3056667

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GODWIN, ROBERT P.  
~~5410 MARY BETH RD CUTOFF~~  
11-B BEAL PKWY SE  
FT. WALTON BEACH, FL 32548

**DO NOT WRITE  
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	GODWIN, ROBERT P.
STREET ADDRESS	119 YACHT CLUB COURT N.E.
CITY - ST - ZIP	FT. WALTON BEACH, FL 32548-5327

TITLE	
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IN THIS SPACE**

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:

*Robert Godwin* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/05  
Date

850-664-5202  
Daytime Phone #