

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90361 014 ***158.75

DOCUMENT # S51523

1. Entity Name

SOUNDS TERRIFIC, INC.



Principal Place of Business

6536 LINCOLN WAY N
ST PETERSBURG FL 33702
US

Mailing Address

6536 LINCOLN WAY N
ST PETERSBURG FL 33702
US

2. Principal Place of Business

2999 TYRONE BLVD.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 48967

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG FL

4. FEI Number

59-3069026

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFSTRA, PETER T., ESQ.
8640 SEMINOLE BLVD.
SEMINOLE FL 34642

7. Name and Address of New Registered Agent

Name: Todd Berger

Street Address (P.O. Box Number is Not Acceptable)
810 63RD Avenue North

City St. Petersburg

FL

Zip Code 33702

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 PVD ☐ Delete
NAME HOFFMAN, IRWIN
STREET ADDRESS 14153 WHISPERWOOD DR
CITY-ST-ZIP CLEARWATER FL

TITLE S ☐ Delete
NAME HOFFMAN, MICHELLE
STREET ADDRESS 14153 WHISPERWOOD DR
CITY-ST-ZIP CLEARWATER FL

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
STREET ADDRESS
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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:

IRWIN HOFFMAN

4-28-04

(727) 344-0544

Date

Daytime Phone #