
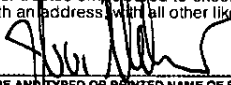


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90029 040 ***150.00

DOCUMENT # S63147			
1. Entity Name ACOUSTICFAB, INC.			
Principal Place of Business 110 KEYES CT SANFORD, FL 32773 US		Mailing Address 110 KEYES CT SANFORD, FL 32773 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRIM, JOHN H 2425 S VOLUSIA AVE B2 ORANGE CITY, FL 32763		Name BRIM, JOHN H. (Same as before) Street Address (P.O. Box Number is Not Acceptable) 161 E. ROSE AVE. City ORANGE CITY FL Zip Code 32763	
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEKWINSKI, JULIUS C. 1503 N GREENLEAF CT WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Same as before) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → 746 BEAR CREEK CIRCLE (Same as before)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEKWINSKI, EWA M 1503 N GREENLEAF CT WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Same as before) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → 746 BEAR CREEK CIRCLE (Same as before)
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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: 		3/3/04 407-3028-3155	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

94026044



03032004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3107748 Applied For Not Applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
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SIGNATURE:  3/3/04 407-3028-3155
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #