

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90203 031 ***150.00

DOCUMENT # V20757

1. Entity Name
SOUND SECRETARIAL SERVICE, INC.



Principal Place of Business
**9307 SE OLYMPUS ST
HOBE SOUND, FL 33455 US**

Mailing Address
**9307 SE OLYMPUS ST
HOBE SOUND, FL 33455 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232005

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0318477

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPURGEON, KATHARINE F.
9307 SE OLYMPUS ST
HOBE SOUND, FL 33455**

7. Name and Address of New Registered Agent

Name **Vicki L. DeCesare**

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

9307 S.E. Olympus Street

City **Hobe Sound**

FL

Zip Code
33455

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 **Vicki L. DeCesare**

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

Vicki L. DeCesare, President

(NOTE: Registered Agent signature required when reinstating)

2/23/05

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 **D** ☒ Delete
NAME **SPURGEON, KATHARINE F.**
STREET ADDRESS **12 NORTH BEACH ROAD**
CITY-ST-ZIP **HOBE SOUND, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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 **P** ☐ Change ☒ Addition
NAME **Vicki L. DeCesare**
STREET ADDRESS **9307 S.E. Olympus Street**
CITY-ST-ZIP **Hobe Sound, FL 33455**

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

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

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CITY-ST-ZIP

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:

Vicki L. DeCesare

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05

Date

772-546-7555

Daytime Phone #