


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

05-03-2004 90729 021 ***150.00

DOCUMENT # P98000050951

1. Entity Name
TREMONTI/STAPP MUSIC, INC.



Principal Place of Business Mailing Address

**2813 S HOMONAISE
 STE 304
 ORLANDO FL 32835** **2813 S HOMONAISE
 STE 304
 ORLANDO FL 32835**

2. Principal Place of Business 3. Mailing Address

2813 S. HIWASSEE Rd **2813 S. HIWASSEE Rd**

Suite, Apt. #, etc. Suite, Apt. #, etc.


304 **304**

City & State City & State

Orlando, Florida **Orlando, Florida**

Zip Country Zip Country

32835 **U.S.A.** **32835** **USA**



MOORE CR2E034 (11/03)

4. FEI Number Applied For

59-3523595 Not Applicable

6. Name and Address of Current Registered Agent

**MCNEELY, ROBERT A ESQ
 MCFARLAIN, WILEY, CASSEDY & JONES, P.A.
 215 S. MONROE ST., STE. 600
 TALLAHASSEE FL 32301**

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

7. Name and Address of New Registered Agent

Name **Garry Whitfield**

Street Address (P.O. Box Number is Not Acceptable) **2813 S. Hiwassee Rd.**

Suite 304

City **Orlando** State **FL** Zip Code **32835**

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]* DATE **4/27/04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | DP | Delete |
|-------|------------------|---------------------|----------------------|--------------------------|--------|
| | TREMONTI, MARK | P.O. BOX 20346 (NA) | TALLAHASSEE FL 32316 | <input type="checkbox"/> | |
| | STAPP, SCOTT | P.O. BOX 20346 (NA) | TALLAHASSEE FL 32316 | <input type="checkbox"/> | |
| | WHITFIELD, GARRY | 15 S ORANGE AVE | ORLANDO FL 32801 | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | |
| | | | | <input type="checkbox"/> | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Addition |
|-------|------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| | | 2813 S. HIWASSEE Rd, Ste 304 | ORLANDO, FL 32835 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: *[Signature]* Date **4/27/04** Daytime Phone # **407 244 2572**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR