



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

4/2/2004-90052-034-\$150.00-\$150.00

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|---|--|--|--|---|--|--|--|
| DOCUMENT # P03000074329 1. Entity Name MUSIC LESSONS, INC. | | | |  | | FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 SEP 29 AM 8:41 | |
| Principal Place of Business 2419 CRILL AVE PALATKA FL 32177 <i>MUSIC LESSONS, INC.</i> | | | | Mailing Address 2419 CRILL AVE PALATKA FL 32177 | | | |
| 2. Principal Place of Business 2419 Crill Ave Suite, Apt. #, etc. <i>N/A</i> | | 3. Mailing Address Palatka, FL 32177 Suite, Apt. #, etc. <i>N/A</i> | |  | | | |
| City & State Palatka, FL | | City & State Palatka, FL | | 4. FEI Number 581-64-8072-018645 | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip 32177 | | Country Putnam | | Zip 32177 | | Country Putnam | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent ARMSTRONG, CORBIN 807 S MOODY RD PALATKA FL 32177 | | | |
| 7. Name and Address of New Registered Agent Name Corbin Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | 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 <i>Corbin</i> DATE 3/18/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE Owner <input type="checkbox"/> Delete NAME Corbin Armstrong STREET ADDRESS 2419 Crill Ave CITY-ST-ZIP PALATKA, FL 32177 | | | | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP | | | |
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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: <i>Corbin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 3/18/2004 Daytime Phone 386-728-6100 | | | |