


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # 121338
 1. Entity Name
HAVEN RADIO CO., INC.



Principal Place of Business Mailing Address
221-W LAKE SUMMIT DR **221-W LAKE SUMMIT DR**
WINTER HAVEN, FL 33884-1528 **WINTER HAVEN, FL 33884-1528**

DO NOT WRITE IN THIS SPACE



03082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0285590	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WRIGHT, CHERI J P.A.
290 FIRST STREET SOUTH
WINTER HAVEN, FL 33880

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

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HERL, SANDRA 295 E COLUMBIA ST LAKE ALFRED, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP YONALLY, IRENE 221 W LK SUMMIT WINTER HAVEN, FL
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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)(f), 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: *Sandra Herl* **SANDRA HERL** *3/28/04* **863-956-4229**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #