


2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/9/04
APR 12, 2004 08:00 AM
Secretary of State

DOCUMENT # 206423 1. Entity Name TROPICAL MUSIC SERVICE INC	
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Principal Place of Business 219 S. PACKWOOD AVE. TAMPA, FL 33606-8887	Mailing Address 219 S. PACKWOOD AVE. TAMPA, FL 33606-8887
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0821305	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SALGADO, RAUL TROPICAL MUSIC SERVICE, INC. 219 S. PACKWOOD AVENUE TAMPA, FL 33606

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
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**

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	VP TANNER, H GLENN 407 S. SHORE CREST DR. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALGADO, RAUL 822 WHITE HERON BLVD RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TANNER, SALLY 407 S. SHORE CREST DR. TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/12/04-80047-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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: RAUL SALGADO JR 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04 813-253-0093

Date Daytime Phone #