
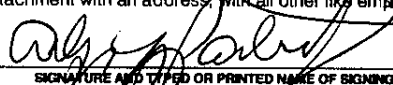


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90465 024 ***150.00

DOCUMENT # 412866 1. Entity Name MUSICIANS SUPPLY OF FLORIDA, INC.					
Principal Place of Business 4738 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652			Mailing Address 4738 TROUBLE CREEK RD NEW PORT RICHEY, FL 34652		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 657 Suite, Apt. #, etc.			
City & State		City & State ELKERS, FL			
Zip	Country	Zip 34680-0657	Country	4. FEI Number 59-1446857	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARTRIDGE, ARLYN L 4738 TROUBLE CREEK RD. NEWPORT RICHEY, FL 34652			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	PVT PARTRIDGE, ARLYN L 4738 TROUBLE CREEK RD. NEW PORT RICHEY, FL 34652		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  ARLYN L. PARTRIDGE, PRESIDENT					
Date 4/29/04 Daytime Phone # (727) 849-5823					



04292004 Chg-P CR2E034 (10/03)

Applied For
Not Applicable

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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SIGNATURE:  **ARLYN L. PARTRIDGE, PRESIDENT**
Date **4/29/04** Daytime Phone # **(727) 849-5823**