03/10/2005 19:23 3411517 OFFICE

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Mar 21, 2005 8:00 am
Secretary of State
03-21-2005 90118 001 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 549111

1. Entity Name
AL HAVENER'S MUSICLAND OF SARASOTA, INCORPORATED

Principal Place of Business
8451 COOPER CREEK BLVD
UNIVERSITY PARK, FL 34201 US

Mailing Address
8451 COOPER CREEK BLVD
UNIVERSITY PARK, FL 34201 US

02052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
8435 COOPER CREEK BLVD.	8435 COOPER CREEK BLVD.
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State: UNIVERSITY PARK FL	City & State: UNIVERSITY PARK FL
Zip: 34201 Country	Zip: 34201 Country

4. FEI Number: 59-1781759 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
STEPHEN F. ELLIS
1800 SECOND STREET
SUITE 806
SARASOTA, FL 34236

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 ____________________ 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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PTSD HAVENER, GIA WOODRUM 22010 DEER POINTE CROSSING BRADENTON, FL 34202	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] Pres. 3/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #