

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90064 026 ****61.25

DOCUMENT # 743437

1. Entity Name

S.M.H.P. CONCERT BAND, INC.



Principal Place of Business

3405 OAKWOOD BLVD. S.
SARASOTA FL 34237

Mailing Address

3405 OAKWOOD BLVD. S.
SARASOTA FL 34237

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1882881

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAIER, LEO
3405 OAKWOOD BLVD. S.
SARASOTA FL 34237

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D CARTER, LOIS 417 OAKWOOD BLVD. E. SARASOTA FL 34237	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D CARTER, WILLIAM 417 OAKWOOD BLVD. E. SARASOTA FL 34237	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D ALBRIGHT, JOSEPH 3353 THORNWOOD ROAD SARASOTA FL 34231	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAIER, LEO 3405 OAKWOOD BLVD. S. SARASOTA FL 34237	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D GERLETTI, MERRILYN 2155 WOOD ST. #A-1 SARASOTA FL 34237	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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 617, 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:

WILLIAM H CARTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-04
Date

941-952 0694
Daytime Phone #