## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # G38521**

1. Entity Name DON BANKS MUSIC, INC.

Principal Place of Business 3628 HENDERSON BLVD TAMPA, FL 33609

**FILED** Apr 25, 2005 08:00 AM **Secretary of State** 



DO NOT WRITE IN THIS SPACE

Mailing Address

3628 HENDERSON BLVD

TAMPA, FL 33609

CR2E034 (10/03) No Chg-P 01052005

4. FEI Number 59-2299928

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANKS, MITCHEL D 3628 HENDERSON BLVD **TAMPA, FL 33609** 

## 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 Signature typed on primad name of regretered agant and title 4 applicable. (NOTE: Regretered Agant agreture required when remetating)  OATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finance Trust Fund Contribution.	eing 🔲	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS					
NAME STREET ADDRESS CITY-ST-ZIP	DP BANKS, MITCHEL D 3628 HENDERSON BLVD TAMPA, FL 33609	•				
TITLE	VP					
NAME Street adoress City-St-Zip	BANKS, KELLY G 3628 HENDERSON BLVD TAMPA, FL 33609			000000330243 04/25/05-80150-022 150.00 <b>DO NOT WRITE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BANKS, DON 3628 HENDERSON BLVD TAMPA, FL 33609					
NAME STREET ADDRESS CITY-ST-ZP		:	IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

12. I hereby certify that the information supplied with this liting 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 ampowered.

SIGNATURE: \_

STREET AODRESS CITY-ST-ZIP

> Mitchel D. Banks

4/22/05 Darke

<u>(813)879-31</u>15