

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # G49301

1. Entity Name

MUSIC CENTER OF HOLIDAY, INC.



Principal Place of Business

2734 GRAND BLVD
HOLIDAY FL 34690

Mailing Address

2734 GRAND BLVD
HOLIDAY FL 34690

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

59-2309025

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

STANELUN, JAMES J.
5522 JASPERWOOD DR
HOLIDAY FL 34690

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

D
STANELUN, JAMES J.
5522 JASPERWOOD DR
HOLIDAY FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TD
STANELUN, CHRISTA
5522 JASPERWOOD DR
HOLIDAY FL

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

1100000059750
02/23/04-80012-016 150.00

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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:

Christa Stanelun

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-04 727 938-7287

Date

Daytime Phone #