

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90041 025 ***158.75

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|---|--|--|--|--|--|
| DOCUMENT # K30007 1. Entity Name SAWYER MUSIC, INC. | | | | | |
| Principal Place of Business 7 EASTMAN LANE PALM COAST, FL 32164 US | | | Mailing Address 7 EASTMAN LANE PALM COAST, FL 32164 US | | |
| 2. Principal Place of Business 190 WELLINGTON DR. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State PALM COAST, FL. | | City & State Suite, Apt. #, etc. | | 4. FEI Number 65-0068873 | |
| Zip 32164 | | Country FLA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent SAWYER, LINDA 7 EASTMAN LANE PALM COAST, FL 32164 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 190 WELLINGTON DR. City PALM COAST FL Zip Code 32164 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and filer, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 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 | P SAWYER, RAY 7 EASTMAN LANE PALM COAST, FL 32164 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Address Only. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 190 WELLINGTON DR. PALM COAST, FL. 32164 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPS SAWYER, LINDA 7 EASTMAN LANE PALM COAST, FL 32164 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Address Only. <input type="checkbox"/> Change <input type="checkbox"/> Addition 190 WELLINGTON DR. PALM COAST, FL. 32164 |
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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: <u>Linda Sawyer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>2/18/04</u> Daytime Phone # <u>386-986-1900</u> | | |