


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K83784</b> 1. Entity Name <b>SUNSHINE MUSIC GROUP, INC.</b>	
---	---

Principal Place of Business <b>735 COLORADO AVE 7 STUART, FL 34994 US</b>	Mailing Address <b>PO BOX 2209 STUART, FL 34995 US</b>
--	---



01142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0125043</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

**6. Name and Address of Current Registered Agent**

**MILLER, JOHN  
2402 SW MONOR HILL DRIVE 5  
PALM CITY, FL 34990**

**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 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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE <b>PT</b>	<b>HAZELDINE, MICHAEL</b>
NAME	<b>3577 SE DOUBLETON DR</b>
STREET ADDRESS	<b>STUART, FL 34997</b>
CITY-ST-ZIP	
TITLE <b>VS</b>	<b>MILLER, JOHN</b>
NAME	<b>2402 SW MANOR HILL DRIVE</b>
STREET ADDRESS	<b>PALM CITY, FL 34990</b>
CITY-ST-ZIP	
TITLE <b>VS</b>	<b>PEAT, WILFRED</b>
NAME	<b>1274 SW FOUNTAIN AVE</b>
STREET ADDRESS	<b>PORT ST LUCIE, FL</b>
CITY-ST-ZIP	
TITLE <b>VS</b>	<b>SHELDON, EATER</b>
NAME	<b>2499 SE GRAND DRIVE</b>
STREET ADDRESS	<b>PORT SAINT LUCIE, FL 34952</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000003060  
01/20/04-80090-019 150.00

**DO NOT WRITE  
IN THIS SPACE**

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 another like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-2004

772-286-5549