

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L76317

1. Entity Name
THE MUSIC MAN OF JACKSONVILLE, INC.



Principal Place of Business
**5950-1 RAMONA BLVD
JACKSONVILLE, FL 32205**

Mailing Address
**5950-1 RAMONA BLVD
JACKSONVILLE, FL 32205**



03042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3014404

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**DYAL, SHAWN B
6330 OLD KINGS RD N
JACKSONVILLE, FL 32254**

**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**

U000000079197
03/08/04-80056-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCEO
NAME	DYAL, SHAWN B.
STREET ADDRESS	6330 OLD KINGS RD N
CITY- ST- ZIP	JACKSONVILLE, FL 32254
TITLE	VP
NAME	DYAL, DARRIN B
STREET ADDRESS	6318 OLD KINGS ROAD, N.
CITY- ST- ZIP	JACKSONVILLE, FL 32254
TITLE	ST
NAME	DYAL, PAUL B
STREET ADDRESS	6350 OLD KINGS RD N
CITY- ST- ZIP	JACKSONVILLE, FL 32254
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/4/04

904/786-8051