

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000005622

1. Entity Name
PRIMA SOUNDS FOUNDATION, INC.



Principal Place of Business Mailing Address
1661 WOODLAND AVE. 1661 WOODLAND AVE.
WINTER PARK, FL 32789 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE



03152005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-3742541 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOSEY, RALPH C
255 S. ORANGE AVENUE
17TH FLOOR, CITRUS CENTER
ORLANDO, FL 32801

**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

**Filing Fee is \$61.25
Due by May 1, 2005**

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	PTD LOSEY, RALPH C MR 1661 WOODLAND AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LOSEY, MOLLY F MRS. 1661 WOODLAND AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOSEY, ADAM C MR. 1661 WOODLAND AVENUE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000267130
03/17/05-80059-003 61.25

**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 617, 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

3/15/05 407 843 7860

Date

Daytime Phone #

Ralph Losey, President