

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 13, 2009
Secretary of State**

DOCUMENT# N98000007372

Entity Name: FLORIDA PRO MUSICA, INC.

Current Principal Place of Business:

139 CHESAPEAKE AVE
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1754
TAMPA, FL 33601

New Mailing Address:

FEI Number: 59-3526390 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAMLING, GEORGE F III
118 SOUTH NEWPORT AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KENT, LARRY
Address: 139 CHESAPEAKE AVE
City-St-Zip: TAMPA, FL 33606

Title: DCT () Delete
Name: DEVITTO, LISA
Address: 714 SOUTH DAVIS BLVD
City-St-Zip: TAMPA, FL 33606

Title: DVS () Delete
Name: ALLEN, LYNN G
Address: 1811 W JETTON
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY KENT

D

03/13/2009

Electronic Signature of Signing Officer or Director

_____ Date