


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000008710 1. Entity Name GLORYFIRE MUSIC INC.	
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Principal Place of Business 3937 SOUTEL DRIVE JACKSONVILLE, FL 32208 US	Mailing Address P.O. BOX 9578 JACKSONVILLE, FL 32208 US
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3621249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAYNES, EZEKIEL III 6939 REST LAWN DR JACKSONVILLE, FL 32208
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEYMORE, LEON JR 6753 KINLOCKE DR JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAYNES, EZEKIEL III 6627 KINLOCKE DR JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAYNES, MICHELLE 6627 KINLOCKE DR JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEYMORE, COUSHATTA MRS. 6753 KINLOCKE DR. JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM SEYMORE, LEON SR 4100 BEVERLY AVE JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYMORE, VIVIAN J 4100 BEVERLY AVE JACKSONVILLE, FL 32208

<p>U00000353097 05/03/05-80055-005 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  Vivian J Seymore D	4-27-05 904 765 4123
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>