


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90244 023 ***150.00

DOCUMENT # P00000008710	
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1. Entity Name
GLORYFIRE MUSIC INC.

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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04112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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		7. Name and Address of New Registered Agent Name Pinkney-Bell, Helen Street Address (P.O. Box Number is Not Acceptable) 4645 SR 207 ELKTON, FL 32033 City FL Zip Code	
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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 *Helen Pinkney-Bell* **Helen Pinkney-Bell** (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SEYMORE, LEON JR		NAME	
STREET ADDRESS 6753 KINLOCKE DR		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32219		CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HAYNES, EZEKIEL III		NAME Haynes, Ezekiel III	
STREET ADDRESS 6627 KINLOCKE DR		STREET ADDRESS 10672 Northwyck Dr.	
CITY-ST-ZIP JACKSONVILLE, FL 32219		CITY-ST-ZIP Jacksonville, FL 32218	
TITLE SD	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME HAYNES, MICHELLE		NAME Frances Kirkland	
STREET ADDRESS 6627 KINLOCKE DR		STREET ADDRESS 11562 Sunken meadow Ct	
CITY-ST-ZIP JACKSONVILLE, FL 32219		CITY-ST-ZIP Jacksonville, FL 32218	
TITLE TD	<input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME SEYMORE, COUSHATTA MRS.		NAME Pinkney-Bell, Helen	
STREET ADDRESS 6753 KINLOCKE DR.		STREET ADDRESS 4645 SR 207	
CITY-ST-ZIP JACKSONVILLE, FL 32219		CITY-ST-ZIP ELKTON, FL 32033	
TITLE PM	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME SEYMORE, LEON SR		NAME Dix, Faye	
STREET ADDRESS 4100 BEVERLY AVE		STREET ADDRESS 6939 Restlawn Dr.	
CITY-ST-ZIP JACKSONVILLE, FL 32208		CITY-ST-ZIP Jacksonville, FL 32208	
TITLE D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SEYMORE, VIVIAN J		NAME	
STREET ADDRESS 4100 BEVERLY AVE		STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32208		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Helen Pinkney-Bell* **Helen Pinkney-Bell** 4/18/06 904 7654123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #