

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 12, 2007 8:00 am**  
**Secretary of State**

09-12-2007 90002 045 \*\*\*550.00

**DOCUMENT # P00000008710**

1. Entity Name  
**GLORYFIRE MUSIC INC.**



Principal Place of Business  
**3937 SOUDEL DRIVE  
JACKSONVILLE, FL 32208 US**

Mailing Address  
**P.O. BOX 9578  
JACKSONVILLE, FL 32208 US**

**DO NOT WRITE IN THIS SPACE**



07312007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3621249**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**PINKNEY-BELL, HELEN  
4645 SR 207  
JACKSONVILLE, FL 32208**

**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 \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	VP
NAME	SEYMORE, LEON JR
STREET ADDRESS	6753 KINLOCKE DR
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	VD
NAME	HAYNES, EZEKIEL III
STREET ADDRESS	6627 KINLOCKE DR
CITY-ST-ZIP	JACKSONVILLE, FL 32219
TITLE	SD
NAME	KIRKLAND, FRANCES
STREET ADDRESS	11562 SUNKEN MEADOW CT
CITY-ST-ZIP	JACKSONVILLE, FL 32218
TITLE	TD
NAME	PINKNEY-BELL, HELEN
STREET ADDRESS	4645 SR 207
CITY-ST-ZIP	ELKTON, FL 32033
TITLE	PM
NAME	SEYMORE, LEON SR
STREET ADDRESS	4100 BEVERLY AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	D
NAME	SEYMORE, VIVIAN J
STREET ADDRESS	4100 BEVERLY AVE
CITY-ST-ZIP	JACKSONVILLE, FL 32208

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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #