

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90300 021 ***158.75

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1. Entity Name

LARRY FORD MUSIC CO.



Principal Place of Business

2110 CLEVELAND AVENUE
SUITE C
FORT MYERS FL 33901

Mailing Address

P O BOX 2094
FORT MYERS FL 33902

2. Principal Place of Business

11000 Metro Parkway

3. Mailing Address

11000 Metro Parkway

Suite, Apt. #, etc.

1A

Suite, Apt. #, etc.

1A

City & State

Fort Myers, FL

City & State

Fort Myers, FL

ZIP

33912

Country

USA

ZIP

33912

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

57-1104621

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORD, LARRY

11000 Metro Parkway, #1-A

Fort Myers, Florida 33912

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME FORD, LARRY D
STREET ADDRESS 2110-C CLEVELAND AVENUE
CITY-ST-ZIP FORT MYERS FL 33901

TITLE VD ☐ Delete
NAME FORD, SHERRYL S
STREET ADDRESS 2110-C CLEVELAND AVENUE
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ST ☐ Delete
NAME COCHRAN, AMANDA S
STREET ADDRESS 2110-C CLEVELAND AVENUE
CITY-ST-ZIP FORT MYERS FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/04