

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT -6 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000112549

1. Entity Name
SOUTHEAST PIANO COMPANY



Principal Place of Business
2332 SMULLIAN TRAIL NORTH
JACKSONVILLE, FL 32217

Mailing Address
2332 SMULLIAN TRAIL NORTH
JACKSONVILLE, FL 32217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09092004

Chg-P

CR2E034 (10/03)

4. FEI Number
59-3684335

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEAUX, ELIZABETH G
2332 SMULLIAN TRAIL NORTH
JACKSONVILLE, FL 32217

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

Elizabeth G Deaux

(NOTE: Registered Agent signature required when reinstating)

DATE

9/21/04

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

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 D ☐ Delete
NAME DEAUX, ELIZABETH G
STREET ADDRESS 2332 SMULLIAN TR. N.
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500041636195
CITY-ST-ZIP 10/06/04--01016--022 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Elizabeth G Deaux

Date

Daytime Phone #

9/21/04

904-733-5523

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JACKSONVILLE FL 32217

We did not receive notice
for the annual report. We
request that the fee be
waived.

Elizabeth G Deaf