


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90014 045 ***150.00

DOCUMENT # P01000007907 1. Entity Name ST. FRANCIS MUSIC PUBLICATIONS, INC.					
Principal Place of Business 63 FLAGLER DRIVE PALM COAST, FL 32137 US			Mailing Address P.O. BOX 1798 FLAGLER BEACH, FL 32136 US		
2. Principal Place of Business - No P.O. Box # 63 Flagler Dr.		3. Mailing Address Suite, Apt. #, etc.			
City & State Palm Coast FL		City & State		4. FEI Number 65-1079335	
Zip 32137		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DREW, BENJAMIN L 81 FLAGLER DRIVE PALM COAST, FL 32137				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 <u><i>Benjamin L. Drew</i></u> PET 2/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PET DREW, BENJAMIN L 81 FLAGLER DRIVE PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	63 Flagler Dr.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DREW, JUDITH M 81 FLAGLER DR. PALM COAST, FL 32137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	63 Flagler Dr.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DE WHITCUP, VALERIE 30 BARTRAM WAY HIGHLANDS, NC 28741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITCUP, PETER 30 BARTRAM WAY HIGHLANDS, NC 28741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Benjamin L. Drew</i></u> PET <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/20/08 386 445 6917 <small>Date Daytime Phone</small>		