

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90211 016 ***150.00

DOCUMENT # P01000044064 1. Entity Name PROFESSOR MESSER MUSIC, INC.					
Principal Place of Business 120 S WOODLAND BLVD - STE B DELAND, FL 32720				Mailing Address 487 FT. SMITH BLVD. DELAND, FL 32738	
2. Principal Place of Business - No P.O. Box # 120 S WOODLAND BLVD. Suite, Apt. #, etc. STE. B		3. Mailing Address 1849 PROVIDENCE BLVD. Suite, Apt. #, etc.			
City & State DELAND, FL		City & State DELTONA, FL		4. FEI Number 59-3725784	
Zip 32720		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MESSER, BRET 487 FT SMITH BLVD DELAND, FL 32738				7. Name and Address of New Registered Agent Name MESSER, BRET Street Address (P.O. Box Number is Not Acceptable) 1849 PROVIDENCE BLVD. City DELTONA	
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: DATE: 4-29-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</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	PT MESSER, BRET W 120 S WOODLAND BLVD - STE B DELAND, FL 32720		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MESSER, DIANA C 120 S WOODLAND BLVD - STE B DELAND, FL 32720		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MESSER, MARJORIE M 1849 PROVIDENCE BLVD. DELTONA, FL 32725	
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	
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:			4-29-08 386-736-6333 <small>Date Daytime Phone #</small>		