

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 8:00 am**  
**Secretary of State**

03-05-2004 90014 031 \*\*\*150.00

DOCUMENT # P02000028048

1. Entity Name  
MELODY STUART MUSIC LESSONS, INC.



Principal Place of Business

837 LYTLE ST  
W PALM BCH, FL 33405

Mailing Address

837 LYTLE ST  
W PALM BCH, FL 33405

2. Principal Place of Business

12789 W Forest Hill Blvd

Suite, Apt. #, etc.

C

3. Mailing Address

12789 W Forest Hill Blvd

Suite, Apt. #, etc.

C

City & State

Wellington FL

City & State

Wellington FL

Zip

33414

Country

Palm Beach

Zip

33414

Country

Palm beach

02162004

Chg-P

CR2E034 (10/03)

4. FEI Number

03-0421658

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HIPSMAN, MELODY  
837 LYTLE ST  
W PALM BCH, FL 33405

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 restate.)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE VP  
NAME ONEIL, VIRGINIA  
STREET ADDRESS 837 LYTLE 59  
CITY-ST-ZIP WEST PALM BEACH, FL 33405

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

3/2/04

Date

(561)  
656-1259

Daytime Phone #