


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90031 043 \*\*\*150.00

<b>DOCUMENT # P02000082683</b> 1. Entity Name <b>S&amp;L RECORDS PROCESSING, INC.</b>					
Principal Place of Business <b>HC 6 BOX 6860 (COUNTRY ROAD) OLD TOWN, FL 32680</b>			Mailing Address <b>HC 6 BOX 6860 (COUNTRY ROAD) OLD TOWN, FL 32680</b>		
2. Principal Place of Business <b>434 NE 667th Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>434 NE 667th Street</b> Suite, Apt. #, etc.			
City & State <b>Old Town, Florida</b>		City & State <b>Old Town, Florida</b>		4. FEI Number <b>11-3644242</b>	
Zip <b>32680</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARRIS, SHIRLEY J HC 6 BOX 6860 (COUNTRY ROAD) OLD TOWN, FL 32680</b>				7. Name and Address of New Registered Agent Name <b>Harris, Shirley J.</b> Street Address (P.O. Box Number is Not Acceptable) <b>434 NE 667th Street</b> City <b>Old Town, FL</b> Zip Code <b>32680</b>	
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>Shirley J. Harris</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>4/16/04</u>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HARRIS, SHIRLEY <input type="checkbox"/> Delete HC 6 BOX 6860 (COUNTRY ROAD) OLD TOWN, FL 32680		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Harris, Shirley J. 434 NE 667th Street Old Town, FL 32680	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARRIS, LARRY <input type="checkbox"/> Delete HC 6 BOX 6860 (COUNTRY ROAD) OLD TOWN, FL 32680		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Harris, Larry 434 NE 667th Street Old Town, FL 32680	
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 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: <u><i>Shirley J. Harris</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/16/2004 352-213-0102 <small>Date Daytime Phone # (Cell)</small>		

**94058108**



04182004 Chg-P CR2E034 (10/03)