

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90730 036 \*\*\*150.00

DOCUMENT # P02000100891

1. Entity Name

SUBMURSED MUSIC, INC.



Principal Place of Business

WHITFIELD & JOHNSON ASSET MGMT  
2813 S HIAWASSEE RD., STE 304  
ORLANDO FL 32835

Mailing Address

WHITFIELD & JOHNSON ASSET MGMT  
2813 S HIAWASSEE RD., STE 304  
ORLANDO FL 32835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

04-3702478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCNEELY, ROBERT A ESQ  
MCFARLAIN & CASSEY PA  
305 SOUTH GADSDEN STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

WHITFIELD, GARY

Street Address (P.O. Box Number is Not Acceptable)

2813 S. Hiawassee Rd. Ste 304

City Orlando

FL

Zip Code

32835

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 reinstating)

DATE

4/27/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME CARPENTER, DONALD  
STREET ADDRESS 9141 STATE ROAD 535  
CITY-ST-ZIP ORLANDO FL 32836

TITLE D ☐ Delete  
NAME FREIDMAN, ERIC  
STREET ADDRESS 9141 STATE ROAD 535  
CITY-ST-ZIP ORLANDO FL 32836

TITLE D ☐ Delete  
NAME LUKER, KELAN  
STREET ADDRESS 9141 STATE ROAD 535  
CITY-ST-ZIP ORLANDO FL 32836

TITLE D ☒ Delete  
NAME HISSEM, JOSH  
STREET ADDRESS 9141 STATE ROAD 535  
CITY-ST-ZIP ORLANDO FL 32836

TITLE D ☐ Delete  
NAME DAVIS, TIMOTHY JAY  
STREET ADDRESS 9141 STATE ROAD 535  
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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

Date

Daytime Phone #

4/27/04 907 394 2572