

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2004 8:00 am
Secretary of State

09-09-2004 90012 016 ***158.75

DOCUMENT # P03000045355

1. Entity Name

4A EVER BALLIN RECORDS, INC.



Principal Place of Business

4405 W. WISCONSIN AVE
TAMP FL 33616

Mailing Address

POST OFFICE BOX 26061
TAMPA FL 33623-6061

2. Principal Place of Business

2912 N. Nebraska Ave

3. Mailing Address

Post Office Box 26061

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

Country

USA

Zip

33623-6061

Country

USA

4. FEI Number

56-2349082

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

MOORE

CR2E034 (4/04)



6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FLOOR
MIAMI FL 33145

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

Harry L Ford

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/31/04

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State.

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FORD, HARRY L	
STREET ADDRESS	4405 W. WISCONSIN AVE	
CITY-ST-ZIP	TAMP FL 33616	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, DEDRICK	
STREET ADDRESS	4405 W. WISCONSIN AVE	
CITY-ST-ZIP	TAMP FL 33616	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	FORD-POP, DEBORAH	
STREET ADDRESS	4405 W. WISCONSIN AVE	
CITY-ST-ZIP	TAMP FL 33616	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	POP, JOSEPH A	
STREET ADDRESS	4405 W. WISCONSIN AVE	
CITY-ST-ZIP	TAMP FL 33616	
TITLE	T	<input type="checkbox"/> Delete
NAME	NEWSON, BRIAN J	
STREET ADDRESS	4405 W. WISCONSIN AVE	
CITY-ST-ZIP	TAMP FL 33616	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMIS, BENAL	
STREET ADDRESS	4405 W. WISCONSIN AVE	
CITY-ST-ZIP	TAMP FL 33616	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director/CEO/President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ford, Harry L	
STREET ADDRESS	4405 W. Wisconsin Ave.	
CITY-ST-ZIP	Tampa, Florida 33616	
TITLE	Vice President/Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ford, Mark A.	
STREET ADDRESS	4405 W. Wisconsin Ave.	
CITY-ST-ZIP	Tampa, Florida 33616	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ford-Pop, Deborah	
STREET ADDRESS	4405 W. Wisconsin Ave.	
CITY-ST-ZIP	Tampa, Florida 33616	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coleman, Ronald A	
STREET ADDRESS	3111 W. Marcum Street Apt. A	
CITY-ST-ZIP	Tampa, Florida 33611	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Newson, Bryan J.	
STREET ADDRESS	1934 W. Cypress Street.	
CITY-ST-ZIP	Tampa, Florida 33606	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sims, Benal	
STREET ADDRESS	4405 W. Wisconsin Ave.	
CITY-ST-ZIP	Tampa, Florida	

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:

Harry L Ford / Harry L Ford

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 992-5322

Date

8/31/04

Daytime Phone#