

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90052 003 ***150.00

DOCUMENT # P03000051029

1. Entity Name

HEALING RIVER MUSIC, INC.



Principal Place of Business

2025 CR 540A
LAKELAND FL 33813

Mailing Address

2025 CR 540A
LAKELAND FL 33813

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E034 (11/03)

4. FEI Number

55-0830214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LASMAN, JEFFREY M ESQUIRE
OWENS LAW GROUP, P.A.
8110B CYPRESS VILLAGE BLVD
RUSKIN FL 33573

7. Name and Address of New Registered Agent

Name
Lasman, Jeffrey M Esquire

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

Lasman Law Firm, P.A.

115 Providence Road

City
Brandon

FL

Zip Code
33511

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

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 DS ☐ Delete
NAME ROGERS, JESSICA D
STREET ADDRESS 2025 CR 540A
CITY-ST-ZIP LAKELAND FL 33813

TITLE DP ☐ Delete
NAME ROGERS, KENTON E
STREET ADDRESS 2025 CR 540A
CITY-ST-ZIP LAKELAND FL 33813

TITLE DT ☐ Delete
NAME ROGERS, CYNTHIA D
STREET ADDRESS 2025 CR 540A
CITY-ST-ZIP LAKELAND FL 33813

TITLE DV ☐ Delete
NAME ROGERS, JASON L
STREET ADDRESS PO BOX 3450
CITY-ST-ZIP CLEVELAND TN 37320-3450

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DS ☒ Change ☐ Addition
NAME GOODMAN, JESSICA D
STREET ADDRESS 1177 THOMASVILLE CIR.
CITY-ST-ZIP LAKELAND, FL. 33811

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
NAME M GOODMAN, IAN P
STREET ADDRESS 1177 THOMASVILLE CIR.
CITY-ST-ZIP LAKELAND, FL. 33811

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: Kenton E. Rogers KENTON E. ROGERS 2/9/04 (863) 648-2443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #