

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



03072005 No Chg-P CR2E034 (10/03)

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
LASMAN LAW FIRM, P.A.
115 PROVIDENCE RD
BRANDON, FL 33511

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	GOODMAN, JESSICA D
STREET ADDRESS	1177 THOMASVILLE CIR.
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	DP
NAME	ROGERS, KENTON E
STREET ADDRESS	2025 CR 540A
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	DT
NAME	ROGERS, CYNTHIA D
STREET ADDRESS	2025 CR 540A
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	DV
NAME	ROGERS, JASON L
STREET ADDRESS	PO BOX 3450
CITY-ST-ZIP	CLEVELAND, TN 373203450
TITLE	M
NAME	GOODMAN, IAN P
STREET ADDRESS	1177 THOMASVILLE CIR.
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000317336
04/20/05-80014-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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 4/18/05 (863) 648-2443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #