


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # P03000051029 1. Entity Name HEALING RIVER MUSIC, INC.	
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Principal Place of Business 2025 CR 540A LAKELAND, FL 33813	Mailing Address 2025 CR 540A LAKELAND, FL 33813
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DO NOT WRITE IN THIS SPACE



02112007 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0830214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GOODMAN, JESSICA D POB 6572 LAKELAND, FL 33807
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROGERS, KENTON E 2025 CR 540A LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT ROGERS, CYNTHIA D 2025 CR 540A LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV ROGERS, JASON L PO BOX 3450 CLEVELAND, TN 373203450
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M GOODMAN, IAN P POB 6572 LAKELAND, FL 33807
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

U00000668371
03/27/07-80029-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 3/14/07 (863) 648-2443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #