

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051029

Entity Name: HEALING RIVER MUSIC, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

2025 CR 540A  
LAKELAND, FL 33813

## New Principal Place of Business:

## Current Mailing Address:

2025 CR 540A  
LAKELAND, FL 33813

## New Mailing Address:

PO BOX 2013  
SEFFNER, FL 33583

FEI Number: 55-0830214

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQUIRE  
LASMAN LAW FIRM, P.A.  
115 PROVIDENCE RD  
BRANDON, FL 33511 US

## Name and Address of New Registered Agent:

GOODMAN, IAN P  
119 LONGFELLOW BLVD  
LAKELAND, FL 33801 US

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.

SIGNATURE: IAN P GOODMAN

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: GOODMAN, JESSICA D  
Address: POB 6572  
City-St-Zip: LAKELAND, FL 33807

Title: DP ( ) Delete  
Name: ROGERS, KENTON E  
Address: 2025 CR 540A  
City-St-Zip: LAKELAND, FL 33813

Title: DT ( ) Delete  
Name: ROGERS, CYNTHIA D  
Address: 2025 CR 540A  
City-St-Zip: LAKELAND, FL 33813

Title: DV (X) Delete  
Name: ROGERS, JASON L  
Address: PO BOX 3450  
City-St-Zip: CLEVELAND, TN 373203450

Title: M (X) Delete  
Name: GOODMAN, IAN P  
Address: POB 6572  
City-St-Zip: LAKELAND, FL 33807

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change ( ) Addition  
Name: GOODMAN, JESSICA D  
Address: PO BOX 6572  
City-St-Zip: LAKELAND, FL 33807

Title: DP (X) Change ( ) Addition  
Name: GOODMAN, IAN P  
Address: PO BOX 6572  
City-St-Zip: LAKELAND, FL 33807

Title: DV (X) Change ( ) Addition  
Name: ROGERS, JASON L  
Address: PO BOX 3450  
City-St-Zip: CLEVELAND, TN 37320

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IAN GOODMAN

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date