

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90306 016 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000054621			
1. Entity Name MUSIC -N- STUFF, INC.			
Principal Place of Business 15041 OLD HIGHWAY 441 TAVARES, FL 32778 US		Mailing Address 15041 OLD HIGHWAY 441 TAVARES, FL 32778 US	
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country LAKE	Zip	Country LAKE
4. FEI Number 20-0679528		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NOLAN, RANDY 15041 OLD HIGHWAY 441 TAVARES, FL 32778		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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relinquishing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P NOLAN, RANDY 15041 OLD HIGHWAY 441 TAVARES, FL 32778 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with the 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: <i>Randy Nolan</i>		RANDY NOLEN	
SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR		Date Daytime Phone #	