2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 15, 2005 8:00 am Secretary of State 07-15-2005 90018 018 ***150.00

1. Entity Name JACKSONVILLE CONSERVATORY OF MUSIC, INC.								90016 01		
Principal Plac 12192 BEAC JACKSONVILL	H BLVD, UN	IT 5	Mailing Address 12192 BEACH BLVD, UNIT 5 JACKSONVILLE, FL 32246			20064033				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07132005	Chg-P	CR2E03	4 (10/03)		
City & State		City & State			4. FEI Number 13-4253			_ 	plied For t Applicable	
Zip	Zip Country		Zip	Country		5. Certificate o	f Status Desired	□ \$	8.75 Add	litional d
	6. Name	and Address of Current	Registered Agent			7. Name and A	Address of New R	legistered Aç	jent	
BORCA, SEAN 12192 BEACH BLVD, UNIT 5 JACKSONVILLE, FL 32246					Name Street Address (P.O. Box Number is Not Acceptable)					
JACKSON	VILLE, FL	. 32246								
					City			FL	Zip Cod	e
8. The above the obligat	named entitions of regis	y submits this statement for lered agent.	r the purpose of changing its	register	ed affice or regis	stered agent, or both	, in the State of Flo		l miliar with,	and accept
SIGNATURE_	Signature, lyped	or printed name of registered agent	and title if applicable. (NOT	E: Registere	nd Agent signature requ	ared when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005 9. Election Campaign Fin Trust Fund Contribution					·	55.00 May Be	In accordance v	with s. 607.1	93(2)(b),	F.S., the
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10. TITLE	DPT	<u> </u>			_ · _ ·		HANGES TO OFF		•	
	DPT BORCA,	OFFICERS AND	DIRECTORS	11.	E		HANGES TO OFF		DIRECTORS	S IN 11
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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 a direction of the receiver or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #