


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90563 014 \*\*\*150.00

**DOCUMENT # P03000063943**

1. Entity Name  
**RUBY HOLLAND SCHOOL OF MUSIC, INC.**




Principal Place of Business      Mailing Address  
**2053 PALM VISTA DRIVE**      **2053 PALM VISTA DRIVE**  
**APOPKA, FL 32712**              **APOPKA, FL 32712**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                  Suite, Apt. #, etc.

City & State                          City & State  
 Zip                                  Country                          Zip                                  Country

**20036237**



03172005      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**20-0035703**              Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**FULLINGTON, ELIZABETH**  
**2053 PALM VISTA DR.**  
**APOPKA, FL 32712**

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: *Elizabeth Fullington* (ELIZABETH FULLINGTON 4/14/05)  
Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FULLINGTON, ELIZABETH 2053 PALM VISTA DR. APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 all other like empowered.

SIGNATURE: *Elizabeth Fullington*      4/14/05      (407) 886-9217  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)      Date      Daytime Phone #

**ELIZABETH FULLINGTON**