## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P05000013301**

1. Entity Name TEXAS COUNTRY MUSIC, INC.



Principal Place of Business

Mailing Address

4901 E. SILVER SPRINGS BLVD., SUITE 308 OCALA, FL 34470

4901 E. SILVER SPRINGS BLVD., SUITE 308 OCALA, FL 34470

FILED
May 01, 2007 08:00 AM
Secretary of State



DO NOT WRITE IN THIS SPACE

 
 04282007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 90-0228676
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VANCIL, ERMA L 4901 E. SILVER SPRINGS BLVD., SUITE 308 OCALA, FL 34470

## DO NOT WRITE IN THIS SPACE

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_	Signature, typed or printed name of registered agent and title	H contachia (NOTE Bogistera	d Agent pigestur	e required when reinstating)	DATE	
	Signature, typed or printed frame or registered agent and title	iii applicabile (NOTE: negistere	u Agent signature	e reduien wier remetating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE	D	·				
NAME	VANCIL, ERMA L					
STREET ADDRESS					U00000753694 05/22/07-80031-020 150.,00	
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12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-29-07

Davtime Phone #