

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000015291

Entity Name: SHOT GUN RECORD LABEL INC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

9618 BLOWING ROCK CIR N
JACKSONVILLE, FL 32222

New Principal Place of Business:

Current Mailing Address:

9618 BLOWING ROCK CIR N
JACKSONVILLE, FL 32222

New Mailing Address:

FEI Number: 20-4665634 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOHNSON, JASON
9618 BLOWING ROCK CIR N
JACKSONVILLE, FL 32222 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: JOHNSON, JASON
Address: 9618 BLOWING ROCK CIR N
City-St-Zip: JACKSONVILLE, FL 32222

Title: VP/D () Delete
Name: CURINTON, ANTHONY
Address: 695 NE MARTIN LUTHER KING STREET
City-St-Zip: LAKE CITY, FL 32055

Title: T () Delete
Name: JOHNSON, JASON
Address: 9618 BLOWING ROCK CIR N
City-St-Zip: JACKSONVILLE, FL 32222

Title: S () Delete
Name: JOHNSON, JASON
Address: 9618 BLOWING ROCK CIR N
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JASON JOHNSON

MR

04/28/2009

Electronic Signature of Signing Officer or Director

Date