

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90005 027 ***150.00

DOCUMENT # P96000036001

1. Entity Name
STUDIO 104, INC.



Principal Place of Business
151 MARY ESTHER CUTOFF
SUITE 104
MARY ESTHER, FL 32569

Mailing Address
46 MAGNOLIA AVE
SHALIMAR, FL 32579

2. Principal Place of Business

3. Mailing Address

151 Mary Esther Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 104

City & State

City & State

Mary Esther, FL

Zip

Country

Zip

32569-1965

Country

USA

07202006

Chg-P

CR2E034 (11/05)

4. FEI Number

59-3375176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, ROGER W
151 MARY ESTHER CUTOFF
SUITE 104
MARY ESTHER, FL 32569

7. Name and Address of New Registered Agent

Name Carol A Goodman

Street Address (P.O. Box Number is Not Acceptable)

151 Mary Esther Blvd, Suite 104

City Mary Esther

FL

Zip Code 32569-1965

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME GOODMAN, ROGER W
STREET ADDRESS 46 MAGNOLIA AVE
CITY-ST-ZIP SHALIMAR, FL

TITLE VD ☐ Delete
NAME GOODMAN, CAROL A
STREET ADDRESS 46 MAGNOLIA AVE
CITY-ST-ZIP SHALIMAR, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DPST ☒ Change ☐ Addition
NAME
STREET ADDRESS 151 Mary Esther Blvd, Suite 104
CITY-ST-ZIP Mary Esther, FL 32569-1965

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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: Carol A Goodman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-06 (850) 830-5793
Date Daytime Phone #