2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000099010

1. Entity Name

SEMINOLE MUSIC & SOUND, INC.

Principal Place of Business

10720 74TH AVENUE NORTH

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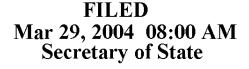
SEMINOLE, FL 33772

Mailing Address

10720 74TH AVENUE NORTH

STE F

SEMINOLE, FL 33772





DO NOT WRITE IN THIS SPACE

03012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3418250

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LYONS, GARY W ESQ 311 S. MISSOURI AVENUE CLEARWATER, FL 34616

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 if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSTD TROKE, ROBERT G 10219 CONE GROVE RD RIVERVIEW, FL 33569	OTORS			U00000098397 03/29/04-80065-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					03/23/04-80065-014 130.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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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: _

NAME STREET ADDRESS

SIGNATURE AND THED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/04

8005/189124