

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2004 8:00 am**  
**Secretary of State**

01-27-2004 90002 048 \*\*\*150.00

**DOCUMENT # P97000066183**

1. Entity Name  
**MUSIC IS AGELESS, INC.**



Principal Place of Business  
**1951 WHITNEY WAY  
CLEARWATER, FL 33760**

Mailing Address  
**1951 WHITNEY WAY  
CLEARWATER, FL 33760**



01232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3461128**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

~~COHRS, DENISA~~ **Debra L. Krennek**  
~~2575 ULMERTON ROAD~~ **1951 Whitney Way**  
~~STE 210~~  
**CLEARWATER, FL 33762 33760**

**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 Debra L. Krennek Debra L. Krennek 1-22-04  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
KRENEK, DEBRA L  
1951 WHITNEY WAY  
CLEARWATER, FL 33760**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
RICCARDI, CYNTHIA L  
13714 MARSEILLES CT.  
CLEARWATER, FL 33762**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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: Debra L. Krennek Debra L. Krennek 1-22-04 727-524-8997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #