

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91011 023 ***150.00

DOCUMENT # P97000076487

1. Entity Name
MIDNIGHT SUN MUSIC TRADERS, INC.



Principal Place of Business
**1012 NE 15TH AVE
FT. LAUDERDALE, FL 33304 US**

Mailing Address
**P.O. BOX 367838
BONITA SPRINGS, FL 34136**

94081179



2. Principal Place of Business
P.O. Box 367838

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072004

Chg-P

CR2E034 (10/03)

City & State
Bonita Springs, FL 34136

City & State

4. FEI Number
65-0779581

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OLSON, BRUCE F
27110 FLOSSMOOR ROAD
BONITA SPRINGS, FL 34135**

7. Name and Address of New Registered Agent

Name
Olson, Bruce D.

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

City

FL

Zip Code

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.

Bruce D. Olson

(NOTE: Registered Agent signature required when reinstating)

4/29/04
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
**P
OLSON, BRUCE D
27110 FLOSSMOOR DR
BONITA SPRINGS, FL 34135** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
OLSON, BRUCE
2530 13 ST NORTH
NAPLES, FL 34103** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Olson, Bruce F. ☐ Change ☐ Addition

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

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

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

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

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:

Bruce D. Olson

4/29/04
Date

(239) 290-1125
Daytime Phone #