


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jul 08, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000069372</b> 1. Entity Name <b>ACCENT ON THE ARTS, INC.</b>	
---	---

Principal Place of Business <b>1513 CHERRY RIDGE DRIVE HEATHROW, FL 32746</b>	Mailing Address <b>1513 CHERRY RIDGE DRIVE HEATHROW, FL 32746</b>
--	--

**DO NOT WRITE IN THIS SPACE**



07052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3527602</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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

6. Name and Address of Current Registered Agent  <b>POHL, FRANK L 280 W. CANTON AVENUE SUITE 410 WINTER PARK, FL 32789</b>
--

**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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY - ST - ZIP	D MUSOLINO, SUZETTE M 1513 CHERRY RIDGE DRIVE HEATHROW, FL 32746
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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000164316  
07/08/04-80004-001 150.00

**DO NOT WRITE  
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)(f), 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: Suzette M. Musolino **SUZETTE M. MUSOLINO** 7/6/04 407-771-4381  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #