

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000069488

Entity Name: LOFTON CREEK RECORDS, INC.

FILED  
Apr 08, 2008  
Secretary of State

## Current Principal Place of Business:

5912 NEW KINGS ROAD  
JACKSONVILLE, FL 32209

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 1124  
MOUNT JULIET, TN 37122

## New Mailing Address:

FEI Number: 59-3526865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NOLAN, JAMEA A III  
ST JOHNS PROFESSIONAL CENTER  
4114 HERSCHEL ST STE 105  
JACKSONVILLE, FL 32210 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: SHAFER, HAROLD A  
Address: 5912 NEW KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: P ( ) Delete  
Name: BORCHETTA, MICHAEL  
Address: 13751 LEBANON ROAD  
City-St-Zip: OLD HICKORY, TN 37122

Title: ST ( ) Delete  
Name: SHAFER, VICKI  
Address: 5912 NEW KINGS ROAD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP ( ) Delete  
Name: BORCHETTA, MARTHA  
Address: 1375 LEBANON ROAD  
City-St-Zip: OLD HICKORY, TN 37122

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA BORCHETTA

VP

04/08/2008

Electronic Signature of Signing Officer or Director

Date