



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90021 020 ***150.00

DOCUMENT # P98000070297 1. Entity Name C. S. KNIZLEY MUSIC, INC.					
Principal Place of Business 1517 NW 98TH STREET GAINESVILLE, FL 32606			Mailing Address 71517 NW 98TH STREET GAINESVILLE, FL 32606		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1517 NW 98th Street Suite, Apt. #, etc.			
City & State Zip Country		City & State Gainesville, FL Zip Country 32606		4. FEI Number 59-3567091	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03172004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent KNIZLEY, CLIFFORD S 1517 NW 98TH STREET GAINESVILLE, FL 32606			7. Name and Address of New Registered Agent Name 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINZLEY, CLIFFORD S 1517 NW 98TH STREET GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIZLEY, HOMER 1517 NW 98TH STREET GAINESVILLE, FL 32606 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 			3-26-04 (352)332-3094		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		