

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 235667

Entity Name: PLAYGROUND MUSIC CENTER, INC.**Current Principal Place of Business:**429 MARY ESTHER CUTOFF NW
FORT WALTON BEACH, FL 32548**Current Mailing Address:**429 MARY ESTHER CUTOFF NW
FORT WALTON BEACH, FL 32548 US**FEI Number:** 59-6061887**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEONARD, ANTHONY D
124 MIRACLE STRIP PKWY SE
106
FORT WALTON BEACH, FL 32548 US*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

Officer/Director Detail :

Title	P
Name	LEONARD, ANTHONY D
Address	124 MIRACLE STRIP PKWY SE 106
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	VP
Name	DIXON , JAMES MATHEWS
Address	702 STANDISH LN
City-State-Zip:	FORT WALTON BEACH FL 32547

Title	VP
Name	LEONARD, SCOTT ANTHONY
Address	6520 CALLE DE LAGO
City-State-Zip:	NAVARRE FL 32566

Title	ST, TREASURER
Name	LEONARD, MAUREEN D
Address	174 SHELL AVE SE UNITE C2
City-State-Zip:	FORT WALTON BEACH FL 32548

Title	VP
Name	ROCKWELL , ROBERT H
Address	12 LAKESHORE DR
City-State-Zip:	SHALIMAR FL 32579

Title	VP
Name	LEONARD , BRENDEN WEBSTER
Address	429 MARY ESTHER CUTOFF NW
City-State-Zip:	FORT WALTON BEACH FL 32548

I hereby 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 all other like empowered.

SIGNATURE: JAMES M DIXON

VP

04/28/2025

Electronic Signature of Signing Officer/Director Detail

Date