


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-03-2004 91011 003 \*\*\*150.00

**DOCUMENT # F26009**  
 1. Entity Name  
**FOGT'S MUSIC, INC.**



Principal Place of Business      Mailing Address  
 4209 S. TAMIAMI TR.      4209 S. TAMIAMI TR.  
 SARAOSTA, FL 34231-3627 US      SARASOTA, FL 34231-3627 US

94081199



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

04192004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**59-2080791**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FOGT, DENNIS**  
 4209 S TAMIAMI TR  
 SARASOTA, FL 34321

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete
PD	FOGT, DENNIS	4209 S. TAMIAMI TR.	SARASOTA, FL 34231	<input type="checkbox"/>
STD	FOGT, LAMONT D	4209 S. TAMIAMI TR.	SARASOTA, FL 34231	<input type="checkbox"/>
D	ALDERFER, JULIE FOGT	4209 S. TAMIAMI TR.	SARASOTA, FL 34231	<input type="checkbox"/>
D	SCHMANDT, MARLA F	4209 S. TAMIAMI TR.	SARASOTA, FL 34231	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** Dennis L. Fogt      **Dennis L. Fogt**      4/28/04      1-941-957-1288  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR      Date      Daytime Phone #