


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2008 08:00 A
Secretary of State

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

Principal Place of Business 4209 S. TAMIAMI TR. SARASOTA, FL 34231-3627 US	Mailing Address 4209 S. TAMIAMI TR. SARASOTA, FL 34231-3627 US
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2080791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOGT, REXANNE
 4209 S TAMIAMI TR
 SARASOTA, FL 34321

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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, 2008 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	PD FOGT, REXANNE G 4209 S. TAMIAMI TR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FOGT, LAMONT D 4209 S. TAMIAMI TR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALDERFER, JULIE FOGT 4209 S. TAMIAMI TR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMANDT, MARLA F 4209 S. TAMIAMI TR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/09/08-80049-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Rexanne G FOGT* 1/5/08 941-929-1595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #