
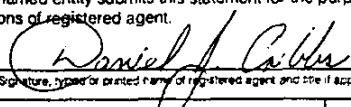
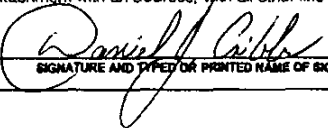


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90862 045 ***150.00

DOCUMENT # 232071			
1. Entity Name W.L. PERRY MUSIC CO., INC.			
Principal Place of Business 2303 ORANGE AVE FORT PIERCE, FL 34950		Mailing Address 2303 ORANGE AVE FORT PIERCE, FL 34950	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CRIBBS, RALPH E 17 CASTLE COURT FT PIERCE, FL 34949		7. Name and Address of New Registered Agent Name DANIEL J. CRIBBS Street Address (P.O. Box Number is Not Acceptable) 2420 ST. LUCIE BLVD. City FT. PIERCE FL Zip Code 34946	
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:  DANIEL J. CRIBBS DATE: 4/27/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD CRIBBS, RALPH E. 17 CASTLE COURT FT. PIERCE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CRIBBS, DANIEL J. 2420 ST. LUCIE BLVD. FT. PIERCE FL. 34946 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRIBBS, DANIEL J. 2420 ST LUCIE BLVD FT. PIERCE, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CRIBBS, SHIRLEY 2420 ST. LUCIE BLVD. FT. PIERCE, FL, 34946 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRIBBS, MARGARET B. 17 CASTLE COURT FT. PIERCE, FL <input checked="" 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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DANIEL J. CRIBBS		DATE: 4/27/07 DAYTIME PHONE: 772-461-2137 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>	



04272007 Chg-P CR2E034 (12/06)

4. FEI Number **59-0895575** Applied For Not Applicable

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