

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 8:00 am**  
**Secretary of State**

01-11-2007 90055 026 \*\*\*150.00

**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

40001601



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2080791

Applied For  
Not Applicable

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

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

FOGT, REXANNE  
4209 S TAMiami TR  
SARASOTA, FL 34231  
34231

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME FOGT, REXANNE G  
STREET ADDRESS 4209 S. TAMiami TR.  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE STD  
NAME FOGT, LAMONT D  
STREET ADDRESS 4209 S. TAMiami TR.  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE D  
NAME ALDERFER, JULIE FOGT  
STREET ADDRESS 4209 S. TAMiami TR.  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE D  
NAME SCHMANDT, MARLA F  
STREET ADDRESS 4209 S. TAMiami TR.  
CITY-ST-ZIP SARASOTA, FL 34231

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07  
Date

941-929-1590  
Daytime Phone #