## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 17, 2005 08:00 AM **DOCUMENT # F96000006802 Secretary of State** 1. Entity Name AMERICAN PIANO WHOLESALERS, INC. Mailing Address Principal Place of Business 120 S WOODLAND BLVD 120 S WOODLAND BLVD DELAND, FL 32720 US DELAND, FL 32720 CR2E034 (10/03) 01232005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3409771 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VONDERBECKE, LOIS DO NOT WRITE 646 S COUNTY CLUB RD LAKE MARY, FL 32746 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DCP VONDERBECKE, CURTISS M NAME 646 S COUNTY CLUB RD STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 -- 000000233025 THE 02/17/05-80022-020 150.00 NAME VONDERBECKE, LOIS M STREET ADDRESS 646 S COUNTY CLUB RD CITY-ST-ZIP LAKE MARY, FL 32746 TITLE NAME STREET ADDRESS DO NOT WRITE CfTY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIE TITLE MARKE STREET ADDRESS

12 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 truetee 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: 🗀

CITY-ST-ZIP

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/05 4

<u>:/01-330-180</u>5

Daytime Phone #

**FILED**