

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J38680

Entity Name: PIANO CARE, INC.

**FILED**  
**Apr 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

10245 WOOD DUCK DR  
NEW PORT RICHEY, FL 34654

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1238  
PORT RICHEY, FL 34673

**New Mailing Address:**

FEI Number: 59-2732309

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GEOGHEGAN, STEPHEN  
10245 WOOD DUCK DR  
NEW PORT RICHEY, FL 34654 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GEOGHEGAN, STEPHEN  
Address: 10245 WOOD DUCK DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: VPD  
Name: GEOGHEGAN, TERESE  
Address: 10245 WOOD DUCK DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: ST  
Name: GEOGHEGAN, BRIAN  
Address: 10245 WOOD DUCK DR  
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN GEOGHEGAN

PRES

04/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date