


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

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| DOCUMENT # L40403 1. Entity Name DANNY'S PIANOS & ORGANS INC. | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 1735 POWERLINE RD POMPANO BEACH, FL 33069 US | | | Mailing Address 1735 POWERLINE ROAD POMPANO BEACH, FL 33069 US | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business 1751 W. Copans Rd Suite, Apt. #, etc. | | 3. Mailing Address 1751 W. Copans Rd. Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Pompano Beach, FL Zip 33064 Country U.S. | | City & State Pompano Beach, FL Zip 33064 Country U.S. | | 4. FEI Number 65-0159440 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent GEOGHEGAN, DANIEL E. 1735 POWERLINE RD POMPANO BEACH, FL 33069 | | | 7. Name and Address of New Registered Agent Name Geoghegan, Daniel E. Street Address (P.O. Box Number is Not Acceptable) 1751 W. Copans Rd City Pompano FL Zip Code 33064 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PD GEOGHEGAN, DANIEL E.</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>1735 POWERLINE RD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>POMPANO BEACH, FL 33069</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | PD GEOGHEGAN, DANIEL E. | <input type="checkbox"/> Delete | NAME | 1735 POWERLINE RD | | STREET ADDRESS | POMPANO BEACH, FL 33069 | | CITY-ST-ZIP | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">PD Geoghegan, Daniel E.</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>1751 W. Copans Rd</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Pompano Beach, FL 33064</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> | | | TITLE | PD Geoghegan, Daniel E. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | 1751 W. Copans Rd | | STREET ADDRESS | Pompano Beach, FL 33064 | | CITY-ST-ZIP | | |
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SIGNATURE: *X Daniel E. Geoghegan* **Daniel Geoghegan** 02-04-06 954-974-7022
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #