

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90021 030 ****61.25

DOCUMENT # N04000003927

1. Entity Name
MUSIC MAKERS SHOW BAND, INC.



Principal Place of Business
**C/O ELIZABETH M. LYNN
6519 ILEX CIRCLE
NAPLES, FL 34109**

Mailing Address
**C/O ELIZABETH M. LYNN
6519 ILEX CIRCLE
NAPLES, FL 34109**

40098490



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052006

Chg-NP

CR2E037 (4/06)

4. FEI Number
45-0528087

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LYNN, ELIZABETH M
6519 ILEX CIRCLE
NAPLES, FL 34109**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME AUMAN, ROBERT H
STREET ADDRESS 874 BARCARMIL WAY
CITY-ST-ZIP NAPLES, FL 34110

TITLE TD ☐ Delete
NAME O'BRIENT, EARL J
STREET ADDRESS 654 BROAD CT. S.
CITY-ST-ZIP NAPLES, FL 34102

TITLE SD ☐ Delete
NAME LYNN, ELIZABETH M
STREET ADDRESS 6519 ILEX CIRCLE
CITY-ST-ZIP NAPLES, FL 34109

TITLE D ☐ Delete
NAME FREESE, D. JACKSON
STREET ADDRESS 6850 SAN MARINO #110
CITY-ST-ZIP NAPLES, FL 34108

TITLE DV ☐ Delete
NAME GALL, DONALD D
STREET ADDRESS 2632 GOLFSIDE CT.
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME PETER THORKELSON
STREET ADDRESS 1511 WHISPERING OAKS CIRCLE
CITY-ST-ZIP NAPLES, FL 34110

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

Elizabeth M. Lynn Elizabeth M. Lynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/06 239-254-1955

Date

Daytime Phone #