

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003927

FILED  
Feb 26, 2007  
Secretary of State

Entity Name: MUSIC MAKERS SHOW BAND, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 45-0528087

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LYNN, ELIZABETH M  
6519 ILEX CIRCLE  
NAPLES, FL 34109 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 ( ) Delete  
Name: AUMAN, ROBERT H  
Address: 874 BARCARMIL WAY  
City-St-Zip: NAPLES, FL 34110

Title: TD ( ) Delete  
Name: O'BRIENT, EARL J  
Address: 654 BROAD CT. S.  
City-St-Zip: NAPLES, FL 34102

Title: SD ( ) Delete  
Name: LYNN, ELIZABETH M  
Address: 6519 ILEX CIRCLE  
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete  
Name: FREESE, D. JACKSON  
Address: 6850 SAN MARINO #110  
City-St-Zip: NAPLES, FL 34108

Title: DV ( ) Delete  
Name: GALL, DONALD D  
Address: 2632 GOLFSIDE CT.  
City-St-Zip: NAPLES, FL 34110

Title: D ( ) Delete  
Name: THORKELSON, PETER  
Address: 1511 WHISPERING OAKS CIRCLE  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FREESE, D. JACKSON  
Address: TOWER POINTE, #1103 -- 1000 ARBOR LAKE DR.  
City-St-Zip: NAPLES, FL 34110

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH M. LYNN

SD

02/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date