

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90105 047 \*\*\*150.00

DOCUMENT # P00000030663

1. Entity Name

FLORIDA KEYS MUSIC, INC.



Principal Place of Business

3340 S RIDGEWOOD AVENUE  
PORT ORANGE FL 32129

Mailing Address

3340 S RIDGEWOOD AVENUE  
PORT ORANGE FL 32129



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3650775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E034 (10/06)

## 6. Name and Address of Current Registered Agent

PHANCO, JOHN  
3340 S RIDGEWOOD AVENUE  
PORT ORANGE FL 32129

## 7. Name and Address of New Registered Agent

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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Delete
P	PHANCO, JOHN	<del>6431 SPRUCE CREEK ROAD</del> <b>(NEW ADDRESS)</b>	<del>PORT ORANGE FL 32127</del>	<input type="checkbox"/>
VP	PHANCO, SUSAN	<del>6431 SPRUCE CREEK RD</del> <b>(NEW ADDRESS)</b>	<del>PORT ORANGE FL 32127</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY ST ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		<b>3598 MARIABELLA DR</b>	<b>NEW SMYRNA BEACH FL 32168</b>	<input type="checkbox"/>	<input type="checkbox"/>
		<b>3598 MARIABELLA DR</b>	<b>NEW SMYRNA BEACH FL 32168</b>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with any other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone \*

**1-29-07 386-760-9525**