


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000088451		
Entity Name CONCERT PRODUCTIONS, INC.		
Principal Place of Business	Mailing Address	
1430 TEMPLE ST CLEARWATER, FL 33756 US	1430 TEMPLE ST CLEARWATER, FL 33756 US	



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 22-3863979 ☐ Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent	
SUSAN K 1430 TEMPLE ST CLEARWATER, FL 33756	

**DO NOT WRITE  
IN THIS SPACE**

8. 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, obligations of registered agent.

9. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
or May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

000000387315  
01/30/06-80041-023 150.00

OFFICERS AND DIRECTORS	
NAME	D GILIO, SUSAN K 1430 TEMPLE ST CLEARWATER, FL 33756
ADDRESS	
CITY	
STATE	
ZIP	
NAME	
ADDRESS	
CITY	
STATE	
ZIP	
NAME	
ADDRESS	
CITY	
STATE	
ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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: *A. Gilio* 1-18-06 727-467-9391  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #