

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90189 036 ***150.00

DOCUMENT # P03000047356

1. Entity Name

FESTIVAL MUSIC CENTERS COMPANY



Principal Place of Business

9804 S MILITARY TRAIL
E-11
BOYNTON BEACH FL 33436

Mailing Address

9804 S MILITARY TRAIL
E-11
BOYNTON BEACH FL 33436



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

4595 Hypoluxo Rd
Suite, Apt. #, etc.
18

3. Mailing Address

4595 Hypoluxo Rd
Suite, Apt. #, etc.
18

1st MOORE

CR2E034 (10/06)

City & State

Lake Worth Florida

City & State

Lake Worth Florida

4. FEI Number

01-0780306

Applied For

Not Applicable

Zip

33463

Country

USA

Zip

33463

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAAPKE, SCOTT E PRES
9804 S MILITARY TRAIL
E-11
BOYNTON BEACH FL 33436

7. Name and Address of New Registered Agent

Name

Scott E Kaapke PRES

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

3011 Grand Flora DR

G

City

GREENACRES Florida FL

Zip Code

33467

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

4-15-07

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
PRES
KAAPKE, SCOTT E PRES
9804 S MILITARY TRAIL #E11
BOYNTON BEACH FL 33436 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Scott E Kaapke
3011 Grand Flora DR
Green Acres FL 33467 ☒ Change ☐ Addition

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

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott E. Kaapke

Date

Daytime Phone #

4-15-07