

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90125 029 \*\*\*150.00

DOCUMENT # P03000076132

1. Entity Name  
MUSIC LESSONS UNLIMITED, INC.



Principal Place of Business  
1261 KASS CIR  
SPRING HILL, FL 34606 US

Mailing Address  
1261 KASS CIR  
SPRING HILL, FL 34606 US

2. Principal Place of Business  
4045 MARINER BLVD  
Suite, Apt. #, etc.

3. Mailing Address  
4045 MARINER BLVD  
Suite, Apt. #, etc.



03222006 Chg-P CR2E034 (11/05)

City & State  
SPRING HILL FL

City & State  
SPRING HILL FL

4. FEI Number  
32-0084310

Applied For  
Not Applicable

Zip Country  
34609 USA

Zip Country  
34609 USA

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

## 6. Name and Address of Current Registered Agent

VRASPIR, TODD W ESQUIRE  
5327 COMMERCIAL WAY  
SUITE A101  
SPRING HILL, FL 34606

## 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 reinstating)

DATE

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

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete  
NAME TURNER, JOYCE K  
STREET ADDRESS 18856 MAJESTIC OAK CIR  
CITY-ST-ZIP HUDSON, FL 34667

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE PVST ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 493 GREENWICH CIR  
CITY-ST-ZIP SPRING HILL, FL 34609

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

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

TITLE ☐ Change ☐ Addition  
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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 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: JOYCE K TURNER *Joyce K Turner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-06

Date

352-688-4188

Daytime Phone #