

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90130 031 ***150.00

| | |
|---|---|
| DOCUMENT # P04000124653 |  |
| 1. Entity Name JUST ME MUSIC OF SARASOTA INC. | |

| | |
|--|--|
| Principal Place of Business 6210 MEDICI COURT #106 SARASOTA FL 34243 | Mailing Address 6210 MEDICI COURT #106 SARASOTA FL 34243 |
|--|--|



| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

1st MOORE CR2E034 (10/04)

| | | | |
|---|--|--|-------------|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| FEDERICO, JOE 6210 MEDICI COURT #106 SARASOTA FL 34243 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |

| | |
|---|---------------------------------------|
| 4. FEI Number 35-2234617 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE: P <input type="checkbox"/> Delete | NAME: JUDD, JEAN R |
| STREET ADDRESS: 6210 MEDICI COURT #106 | CITY-ST-ZIP: SARASOTA FL 34243 |
| TITLE: T <input type="checkbox"/> Delete | NAME: JUDD, LOU V |
| STREET ADDRESS: 6210 MEDICI COURT #106 | CITY-ST-ZIP: SARASOTA FL 34243 |
| TITLE: S <input type="checkbox"/> Delete | NAME: FEDERICO, JOE |
| STREET ADDRESS: 5707 45TH ST #49 | CITY-ST-ZIP: BRADENTON FL 34203 |
| TITLE: <input type="checkbox"/> Delete | NAME: _____ |
| STREET ADDRESS: _____ | CITY-ST-ZIP: _____ |
| TITLE: <input type="checkbox"/> Delete | NAME: _____ |
| STREET ADDRESS: _____ | CITY-ST-ZIP: _____ |
| TITLE: <input type="checkbox"/> Delete | NAME: _____ |
| STREET ADDRESS: _____ | CITY-ST-ZIP: _____ |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--------------------|
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ |
| STREET ADDRESS: _____ | CITY-ST-ZIP: _____ |
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ |
| STREET ADDRESS: _____ | CITY-ST-ZIP: _____ |
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ |
| STREET ADDRESS: _____ | CITY-ST-ZIP: _____ |
| TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME: _____ |
| STREET ADDRESS: _____ | CITY-ST-ZIP: _____ |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jean R Judd* **JEAN R JUDD** *President* **3/7/05** **941-360-2508**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #