


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90036 029 ***150.00

DOCUMENT # P05000060680 1. Entity Name S & E PLAY & MUSIC INCORPORATED			
Principal Place of Business 12 RENEE CT ROCKLEDGE, FL 32955		Mailing Address 12 RENEE CT ROCKLEDGE, FL 32955	
2. Principal Place of Business 3688 N. Wickham Rd		3. Mailing Address 12 Renee Ct	
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. 1	
City & State Melbourne FL		City & State Rockledge FL	
Zip 32935		Zip 32955	
Country USA		Country USA	
4. FEI Number 20-2736980		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, MICHELLE F 12 RENEE CT ROCKLEDGE, FL 32955		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Michelle F. Edwards</i> <small>Signature, typed or printed name of registered agent and if applicable, (NOTE: Registered Agent signature required when relinquishing)</small> </div> <div style="width: 40%; text-align: right;"> 1-15-06 <small>DATE</small> </div> </div>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EDWARDS, MICHELLE F 12 RENEE CT ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Michelle Edwards</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-15-06 321-639-7021 <small>Date Daytime Phone #</small>	