

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 02, 2007 08:00 AM
Secretary of State**

DOCUMENT # P93000056708	
1. Entity Name ACADEMY OF MUSIC AND ART & GAINESVILLE GUITAR ACADEMY, INC.	
Principal Place of Business 1128 NW 13 ST GAINESVILLE, FL 32601 US	Mailing Address 1128 NW 13 ST GAINESVILLE, FL 32601 US



01282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3192917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHULLE, MARK 1128 NW 13 ST GAINESVILLE, FL 32601	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000618361 02/08/07-80025-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE P	SCHULLE, MARK
NAME	
STREET ADDRESS 1128 NW 13 ST	
CITY-ST-ZIP GAINESVILLE, FL 32601	
TITLE S	MICHA, REBECCA
NAME	
STREET ADDRESS 5714 N.W. 42ND ROAD	
CITY-ST-ZIP GAINESVILLE, FL	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-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: *Mark A. Schulle* 1/30/07 (352) 372-8004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #