

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2007 8:00 am**  
**Secretary of State**

07-16-2007 90126 037 \*\*\*158.75

**DOCUMENT # P93000077600**

1. Entity Name  
**THE MUSIC STAND OF PORT CHARLOTTE, INC.**



Principal Place of Business Mailing Address  
**2636 TAMiami TRAIL** **2636 TAMiami TRAIL**  
**PORT CHARLOTTE, FL 33952 US** **PORT CHARLOTTE, FL 33952 US**

40125264



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07022007 Chg-P CR2E034 (12/06)

4. FEI Number **65-0396842** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**EDWARDS, DAVID**  
**1001 FARGUS LANE**  
**PUNTA GORDA, FL 33983** *changing Address*

7. Name and Address of New Registered Agent

Name *Edwards David*  
Street Address (P.O. Box Number is Not Acceptable) *3206 Shalimar Terrace*  
City *North Port* FL Zip Code *34286*

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 *David Edwards*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *7-1-07*

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **EDWARDS, DAVID**  
STREET ADDRESS **3206 SHALIMAR TERRACE**  
CITY-ST-ZIP **NORTH PORT, FL 342865087**

TITLE ☐ Delete  
NAME **EDWARDS, NANCY**  
STREET ADDRESS **3206 SHALIMAR TERRACE**  
CITY-ST-ZIP **NORTH PORT, FL 342865087**

TITLE ☐ Delete  
NAME **SANDROCK, JUDITH L**  
STREET ADDRESS **1678 NOBLE TERRACE**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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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: *David Edwards*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *7-1-07*

DAYTIME PHONE # *941-625-3979*