


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90185 027 ***150.00

DOCUMENT # P94000049893 1. Entity Name ALLEN & ALLEN MUSIC, INC.			
Principal Place of Business 10832 SOUTH NAPLES COURT JACKSONVILLE, FL 32218		Mailing Address 10832 SOUTH NAPLES COURT JACKSONVILLE, FL 32218	
2. Principal Place of Business - No P.O. Box # 4019 Anderson Woods Dr.		3. Mailing Address 4019 Anderson Woods Dr.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32218		Zip 32218	
Country 		Country 	
4. FEI Number NOT APPLICABLE		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 NOBLE, EMERSON C 1177 LOUISIANA AVE SUITE 109 WINTER PARK, FL 32789		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. SIGNATURE: <u><i>Bruce V. Allen</i></u> 4/24/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, BRUCE V. <input checked="" type="checkbox"/> Delete 10832 NAPLES CT SOUTH JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Allen, Bruce V. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4019 Anderson Woods Drive Jacksonville, Florida 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WIGGINS, ALLEN T.D. <input checked="" type="checkbox"/> Delete 918 WOODEN BOULEVARD ORLANDO, FL 32805	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Wiggins, Allen T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3018 Monte Carlo Trl Orlando, Florida 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> 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"/> Delete	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: <u><i>Bruce V. Allen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/24/07 824-0000 <small>Date Daytime Phone #</small>	