## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 29, 2006 8:00 am **Secretary of State** DOCUMENT # P95000076147 1. Entity Name 03-29-2006 90128 001 \*\*\*150.00 **B&M MUSIC INC** Principal Place of Business Mailing Address 11721 US HWY 19 13328 GOLF CREST CIR MAIN ST USA #5,7 &9 PT RICHEY FL 34668 **TAMPA FL 33624** 2. Principal Place of Business Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For City & State 59-3340660 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTIN, ROBERT W 13328 GOLF CREST CIR TAMPA FL 33624 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be - After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ROBERT W. MARTIN 18105 EMERALO BALL ST. TAMPA, FLA. 33647 ☐ Delete TITLE Change Addition TITLE NAME MARTIN, ROBERT W NAME STREET ADDRESS STREET ADDRESS 13328 GOLF CREST CIR CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33618** ☐ Change Addition TUTA F □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Defete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED**