## 2006 FOR PROFIT CORPORATION

## **FILED**

ANNUAL REPORT				Jan 17, 2006 08:00 AM		
DOCU	MENT # P960000395		Secretary of State			
1. Entity Name MUSIC REALTY, INC.						•
MUSIC RI	EALTY, INC.			}		
			WI TOO	}		
Principal Place	e of Business	Mailing Address	-	}		•
2355 HIGHW		2355 HIGHWAY 60 EAST		[		
LAKE WALES,	, FL 33003	LAKE WALES, FL 33853		}	=	
	W. Market		, , , , , , , , , , , , , , , , , , , ,			
				<b>)</b>	2 (802 800 8800 8800 880	
		`.	<u></u>	01122006	No Chg-P	CR2E034 (11/05)
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb	or	Applied For
_		· · ·	-	59-220		Not Applicat
	•			5. Certificate	of Status Desired	\$8.75 Additional
	6. Name and Address of Current Re	gistered Agent	······································	}	<u></u>	Fee Required
			}			<del>-</del> ·· · <del> </del>
MUSIC, SANDRA M 2355 HIGHWAY 60 EAST			}	DO	<b>NOT W</b>	RITE
LAKE WALES, FL 33853				INI "	THIS SF	)ACE
				11.4	HIIIO OF	ACL
			}			
	named entity submits this statement for ti	ne purpose of changing its register	red office or register	red agent, or bo	oth, in the State of Flo	orida. I am familiar with, and acce
trie obuder	IOUZ OI LEĞILITEKACI KÖBUL					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered			ed Agent signature required	d when reinstating)		DATE
		1			}	<del></del>
FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.				.00 May Be led to Fees		
10. OFFICERS AND DIRECTORS			3		·	
TITLE	D D					
NAME STREET ACCRESS	MUSIC, SANDRA A 2355 HIGHWAY 60 EAST				ት ትና ነፃ <i>ነፃ</i> ነፃ ነፃ	0999467
CITY-ST-ZIP	LAKE WALES, FL 33853		ł	* ***	01/20/06	0388667 -80013-021 150.00
TITLE	тв	- <del> </del>	1	·		· · · · · · · · · · · · · · · · · · ·
NAME STREET ADDRESS	HENRIKSON 2355 HIGHWAY 60 EAST	-	l.			
CITY-ST-ZIP	LAKE WALES, FL 33853		}			
TITLE			1			
NAME						
STREET ADDRESS CITY-ST-ZIP			1	DO	NOT W	/RITE
TITLE			1	INI	THIS SE	DACE
NAME	}		1	HIM	11113 31	TACL
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STREET ADDRESS	1		Į.			
CATY-ST-ZIP						i jerna je
TITLE NAME	†		1			
STREET ADDRESS	}		1			

12. I hereby certify that the information supplied with this filling 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 Black 10 or Black 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_-

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-06

Daytime Phone #