## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 20, 2006 08:00 AM Secretary of State

ANNUAL REPURI					Secretary of State			
1. Entity Nam			}	Secreta	iry or State			
GARY LA	NE'S ORGAN & PIAN	O COMPANY, INC.						
Principal Place	e of Business	Mailing Address		1				
8144 WEST I PLANTATION	BROWARD BLVD. I, FL 33324	8144 WEST BROWARD BLVD. PLANTATION, FL 33324						
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				01112006	No Chg-P	CR2E034 (11/05)	.KEC	
D	O NOT WR	CE	4. FEI Numb	er	Applied			
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required		
	6. Name and Address of C	urrent Registered Agent		·				
1804 SW 2	ARY LANE 24TH TERRACE ERDALE, FL 33312	DO NOT WRITE IN THIS SPACE						
	named entity submits this state tions of registered agent.	ment for the 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 a	ccec	
SIGNATURE	Signature, typed or printed name of register	red agent and title if applicable. (NOTE, Register	ed Agent signature required	d when reinstating)		DATE	<u></u>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution.			ncing \$5	.00 May Be led to Fees				
10.		S AND DIRECTORS	1	······································	·			
TITLE NAME	P SMITH, GARY LANE							
STREET ADDRESS	1804 SW 24TH TERR		I					
CITY-ST-ZIP	FT. LAUDERDALE, FL		-1		 UCGCCC	nantation		
YITLE NAME			Ì		U (724706-	1991457 80042-007 ISA. N	Ď	
STREET ADDRESS CITY-ST-ZIP							_	
TITLE			1					
NAME			1					
STREET ATTORESS CITY-ST-ZIP			}	DO	NOT W	RITE		
TITLE		·	1	IN '	THIS SE	PACE		
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CITY+ST-ZIP		<u> </u>						
TITLE			]					
NAME STREET ADDRESS			1					
CITY-ST-ZIP			1					
TITLE								

12. I hereby certify that the information supplied with this filling does not dualify 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 another my signature shall have the same legal effect as it made under ceth; that I am an officer or director of the corporation or the receiver or this stee 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 all address, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CHATURE AND TYPED OR PRINTED NAME OF STEMPIS OFFICER OR DURECTOR

1-17-2006 (954)370-7900