## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 01, 2006 08:00 AM Secretary of State DOCUMENT # S59619 1. Entity Name THE MUSIC GALLERY INC. Mailing Address Principal Place of Business 5990 ULMERTON RD. 5990 ULMERTON RD. CLEARWATER, FL 33760 CLEARWATER, FL 33760 CR2E034 (11/05) 04282006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3068027 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent --- DO NOT WRITE ROYER, DUANE R. 604 SHORE DRIVE EAST OLDSMAR, FL 34677 IN THIS SPACE 3. 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. (NOTE: Registered Agent signature required when reinstating) DATE \$5.80 May Be 8. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \_ After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ROYER, DUANE R. NAME STREET ADDRESS 604 SHORE DR. EAST OLDSMAR, FL 34677 CITY-ST-ZIP 1100000543806 115/11/06-80010-007 150.00 TITLE ROYER, DONNA T. NAME 604 SHORE DR. EAST STREET ADDRESS OLDSMAR, FL 34677 C3TY-ST-702 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 5515 £ MAME STREET ADORESS City-St-Zip TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this litting 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 it 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PRUMED NAME OF SIGNING OFFICER OF

**FILED**