


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90334 029 ***150.00

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| DOCUMENT # V02815 | |  | |
| 1. Entity Name BAND INSTRUMENT CLUB, INC. | | | |
| Principal Place of Business 349 HEDGEROW LANE TARPON SPRINGS, FL 34689 34688 | | Mailing Address 349 HEDGEROW LANE TARPON SPRINGS, FL 34689 34688 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip 34688 | Country | Zip 34688 | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ANDERSON, BRUCE J. 349 HEDGEROW LANE TARPON SPRINGS, FL 34689 34688 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 34688 | |
| 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>BRUCE J. ANDERSON</u> <i>(SAME)</i> <u>Bruce J. Anderson</u> <i>4/15/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | DP ANDERSON, BRUCE J. 349 HEDGEROW LN TARPONS SPRINGS, FL <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 | DS ANDERSON, LYNDA A. 349 HEDGEROW LN TARPONS SPRINGS, FL <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 |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>BRUCE J. ANDERSON</u> <i>Bruce J. Anderson</i> | | Date: <u>4/15/05</u> (727) 937-0117 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

50038122



04102005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3101106 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required