

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # M82631

1. Entity Name
PARLIAMENTARY REPORTING, INC.



Principal Place of Business
**8520 GOVERNMENT DRIVE
SUITE'S 3, 4, 6
NEW PORT RICHEY, FL 34654**

Mailing Address
**8520 GOVERNMENT DRIVE
SUITE'S 3, 4, 6
NEW PORT RICHEY, FL 34654**



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2894811

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOBLITT, BONNIE
8520 GOVERNMENT DRIVE, #3
NEW PORT RICHEY, FL 34654**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	BOBLITT, BONNIE
STREET ADDRESS	8520 GOVERNMENT DR. #6
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	D
NAME	BOBLITT, ROSS W
STREET ADDRESS	8520 GOVERNMENT DR., SUITE 6
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000431617
02/23/06-80036-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Bonnie Boblitt **BONNIE BOBLITT** 1-9-06 727-847-4000