

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000063970

1. Entity Name
PARALLAX OF CENTRAL FLORIDA, INC.



Principal Place of Business
**10600 S ORANGE AVE
ORLANDO, FL 32824-7723**

Mailing Address
**P.O. BOX 55
ORLANDO, FL 32802-0055**



01302006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0713175

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STRATES, E. JAY
10600 ORANGE AVENUE
ORLANDO, FL 32824**

**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**

**U000000488240
04/14/06-80026-013 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
STRATES, E JAY
10600 ORANGE AVENUE
ORLANDO, FL 32824**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MAGID, SUSAN S
10600 ORANGE AVENUE
ORLANDO, FL 32824**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
DOREMUS, SIBYL S
10600 ORANGE AVENUE
ORLANDO, FL 32824**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

E. Jay Strates

3-29-06

407-855-3939