


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90240 020 \*\*\*150.00

**DOCUMENT # P03000095112**

1. Entity Name  
**PARZ, INC.**



40065681



Principal Place of Business  
**923 SEDDON COVE WAY  
 TAMPA, FL 33602**

Mailing Address  
**923 SEDDON COVE WAY  
 TAMPA, FL 33602**

2. Principal Place of Business - No P.O. Box #  
**500 Harbor Island Place**

3. Mailing Address  
**500 Harbor Island Place**

Suite, Apt. #, etc.  
**Apt. 1208**

Suite, Apt. #, etc.  
**Apt. 1208**

03222007 Chg-P CR2E034 (12/06)

City & State  
**Tampa, Florida 33602**

City & State  
**Tampa, Florida 33602**

4. FEI Number  
**90-0160069**

Applied For  
 Not Applicable

Zip  
**33602**

Country  
**Hillsborough**

Zip  
**33602**

Country  
**Hillsborough**

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PICKERING, MICKY S                      923 SEDDON COVE WAY                      TAMPA, FL 33602</b>		Name  Street Address (P.O. Box Number is Not Acceptable) <b>500 Harbor Island Place, Apt. 1208</b>	
		City <b>Tampa</b>	FL Zip Code <b>33602</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>D</b> <b>PICKERING, MICKY S</b> <b>923 SEDDON COVE WAY</b> <b>TAMPA, FL 33602</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Micky Sue Pickering</b> <b>500 Harbor Island Place, Apt. 1208</b> <b>Tampa, Florida 33602</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GONSALVES, SHARON</b> <b>5401-B BAYSHORE BLVD</b> <b>TAMPA, FL 33611</b>	<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	<b>D</b> <b>LOPEZ, PATRICIA</b> <b>1201 BAYSHORE BLVD</b> <b>TAMPA, FL 33606</b>	<input checked="" 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	
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	
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	

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:  DATE: **4/5/07** DAYTIME PHONE #: **(813) 214-0241**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR