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Secretary of State
03-21-2005 90119 023 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000056614

1. Entity Name
CURTIS PARRY, P.A.

66010193

03092005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
C/O PARADISE PROPERTIES OF BREVARD INC. 1640 HWY A1A STE B SATELLITE BCH, FL 32937	C/O PARADISE PROPERTIES OF BREVARD INC. 1640 HWY A1A STE B SATELLITE BCH, FL 32937
2. Principal Place of Business: 1300 Hwy A1A	3. Mailing Address: 1300 Highway A1A
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Satellite Beach, Fl	City & State: Satellite Beach FL
Zip: 32937 Country: USA	Zip: 32937 Country: USA

4. FEI Number: 77-0629546 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARRY, CURTIS H SR
115 DESOTO PKWY
SATELLITE BCH, FL 32937

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2005 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	CEOP PARRY, CURTIS H SR 115 DESOTO PKWY SATELLITE BCH, FL 32937 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRY, CURTIS H SR 115 DESOTO PKWY SATELLITE BCH, FL 32937 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Curtis Parry 3/10/05 321-773-1982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #