

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Jun 26, 2006 8:00 am
Secretary of State

05-04-2006 90242 038 ***150.00

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DOCUMENT # P04000089068

1. Entity Name
PARRAMORE PARTNERS, INC.



Principal Place of Business Mailing Address
PO BOX 547851 ORLANDO FL 32854 **PO BOX 547851 ORLANDO FL 32854**

66020777



2. Principal Place of Business **1101 W. Church St.**
 Suite, Apt. #, etc. **Orlando, FL**
 City & State

3. Mailing Address **1101 W. Church St.**
 Suite, Apt. #, etc. **Orlando, FL**
 City & State

1st MOORE CR2E034 (10/05) **6/4**
20-5080349

4. FEI Number **APPLIED FOR**

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

6. Name and Address of Current Registered Agent
DAVIS, JOSEPH HAYNES ESQ
207 E LIVINGSTON ST
ORLANDO FL 32801

7. Name and Address of New Registered Agent
 Name **Philip T Couherd**
 Street Address (P.O. Box Number is Not Acceptable) **1101 W. Church St**
 City **Orlando** FL Zip Code **32805**

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.

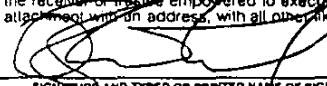
SIGNATURE  DATE **4-17-06**

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Pres, Sec, + Treas + Dir	
		LORIN JONES	
		4213 PRINCE HALL BLVD	
		ORLANDO, FLA 32811	<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 Section 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 **4-17-06** 407 835 9858

Issued EIN

ATTACHMENT

Page 1 of 1

66020777
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Internal Revenue Service

DEPARTMENT OF THE TREASURY

The
Digital
Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-5080349

Today's Date is: June 21, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#) [Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

ATTACHMENT

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Internal Revenue Service

The Digital Daily

DEPARTMENT OF THE TREASURY


Form SS-4

Federal Tax ID / E

Form SS-4 (Rev. December 2001) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested paramore partners inc					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 1101 W church st			5a Street address (if different) (Do not enter a P.O. box) 1026 W Central Blvd		
4b* City, state, and ZIP code Orlando FL 32805 . 2217			5b City, state, and ZIP code Orlando FL 32805 .		
6* County and state where principal business is located County Orange State FL					
7a Name of principal officer, general partner, grantor, owner, or trustor Lorin Jones no MN			7b SSN, ITIN, EIN 262898665		
8a* Type of entity (check only one)					
<input type="checkbox"/> Sole Proprietor (SSN)		<input type="checkbox"/> Estate (SSN of decedent)			
<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (SSN)			
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120		<input type="checkbox"/> Trust (SSN of grantor)			
<input type="checkbox"/> Personal Service		<input type="checkbox"/> National Guard		<input type="checkbox"/> State/local government	
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative		<input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> REMIC		<input type="checkbox"/> Indian tribal government/enterprises	
<input type="checkbox"/> Other (specify) ▶		Group Exemption No. (GEN) ▶			
8b If a corporation, name the state or foreign country (if applicable) where incorporated			State FL		Foreign country
9* Reason for applying (check only one)					
<input checked="" type="checkbox"/> Started new business (specify type) ▶ 2005		<input type="checkbox"/> Banking purpose (specify purpose) ▶			
<input type="checkbox"/> Hired employees (Check the box and see line 12)		<input type="checkbox"/> Changed type of organization (specify new type) ▶			
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Other (specify) ▶		<input type="checkbox"/> Created a trust (specify type) ▶			
<input type="checkbox"/> Created a pension plan (specify type) ▶					
10* Date business started or acquired (month, day, year) DEC 26 2005			11 Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i>					
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i>					
14* Check box that best describes the principal activity of your business			Agriculture		Household Other
<input type="checkbox"/> Construction		<input type="checkbox"/> Health care & social assistance		<input type="checkbox"/> Wholesale-agent/broker	
<input type="checkbox"/> Rental & leasing		<input type="checkbox"/> Accommodation & food service		<input type="checkbox"/> Wholesale-other	
<input type="checkbox"/> Transportation & warehousing		<input type="checkbox"/> Retail			
<input type="checkbox"/> Real estate		<input type="checkbox"/> Manufacturing			
<input type="checkbox"/> Finance & insurance					
<input checked="" type="checkbox"/> Other (specify) rentals and consulting					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. consulting and advise on political matters & rental					

ATTACHMENT

66020777 Page 2 of 2
#P04000089068

16a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Note if "Yes" please complete lines 16b and 16c		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.		
Legal name ▶ _____		
Trade name ▶ _____		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (month, day, year)	City and state where filed	Previous EIN
____/____/____	____, ____	_____
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form		
Third Party Designee	Designee's name	Designee's telephone number (include area code)
	Philip T Cowherd	(407) 835 - 9858
	Address and ZIP code	Designee's fax number (include area code)
1101 W Church St	Orlando	FL 32805
2217		(407) 835 - 9859
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)
Name and title (type or print clearly)		(407) 835 - 9858
Signature ▶ Not Required		Applicant's fax number (include area code)
Date ▶ June 21, 2006 GMT		() - -
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N		Form SS-4 (Rev. 12-2001)
		

ATTACHMENT

66020777 Page 1 of 1
84000089068

Payments by **Easy Business Services**

Confirm » Shipping » Billing » Payme

Your account statement will have a charge for 4.95 from "EASY BUSINESS SERVI

Print This Page For Your Records 128-Bit SSL Enc

Order Information

Payment Information

Date / Time: 2006-06-21 13:23:19
Transaction ID: 1128391064
Order Number: 7671
Item Number: EIN_02
Item Name: Instant EIN / FEID Number

Card Number: *****4731
Expiration Date: 02/2010
Charge Amount: 4.95
Email Address: philiptcowherd@msn.com

Shipping Address

Billing Address

Company:
First Name:
Last Name:
Address Line 1:
Address Line 2:
City / Town:
State / Province:
Postal Code:
Country: US

Company:
First Name: philip
Last Name: cowherd
Address Line 1: 1101 W. Church St
Address Line 2:
City / Town: Orlando
State / Province: FL
Postal Code: 32805
Country: US

Easy Business Services takes your privacy and security very seriously.
If you have any questions, please contact Customer Service