


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 541930**  
 1. Entity Name  
**THE PARLOR, INC.**



Principal Place of Business      Mailing Address  
**1000 THOMASVILLE ROAD**      **1000 THOMASVILLE ROAD**  
**TALLAHASSEE, FL 32303**      **TALLAHASSEE, FL 32303**

**DO NOT WRITE IN THIS SPACE**



02132006    No Chg-P    CRZE034 (11/05)

4. FEI Number      Applied For  
**59-1754262**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**JONES, PEGGY**  
**1000 THOMASVILLE ROAD**  
**TALLAHASSEE, FL 32303**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.     **\$5.00 May Be Added to Fees**

1111000450391  
 03/10/06-80005-004 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O</b> <b>JONES, PEGGY</b> <b>529 TRUETT DR</b> <b>TALLAHASSEE, FL 32303</b>
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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: *Peggy Jones*  
 SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-06      850-222-0390  
 Date      Daytime Phone #