


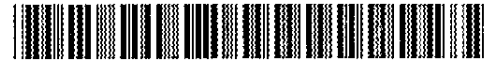
**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # K34643 1. Entity Name ED PARKER TROPICAL FISH, INC.	
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Principal Place of Business 720 JAMAICA CIRCLE W. APOLLO BEACH, FL 33572-2425	Mailing Address 720 JAMAICA CIRCLE W. APOLLO BEACH, FL 33572-2425
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DO NOT WRITE IN THIS SPACE



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2907422	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARKER, JIMMIE 720 JAMAICA CIRCLE W APOLLO BEACH, FL 33572	DO NOT WRITE IN THIS SPACE
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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 <u>Jimmie Parker Sec/Treas</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <u>3/22/04</u>

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKER, DOYLE E. 720 JAMAICA CIRCLE APOLLO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T PARKER, JIMMIE L. 720 JAMAICA CIRCLE APOLLO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKE, BRAIN A 1019 CANAL STREET RUSKIN, FL 33570
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS/T OGILBY, BETH A 908 BIRDIE WAY APOLLO BEACH, FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/04-80034-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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: <u>Jimmie Parker Sec/Treas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3/22/04</u> Daytime Phone # <u>813-645-6711</u>