2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2005 08:00 AM
Secretary of State

DOCUMENT # K34643

1. Entity Name
ED PARKER TROPICAL FISH, INC.

Principal Place of Business	Mailing Address
720 JAMAICA CIRCLE W. APOLLO BEACH, FL 33572-2425	720 JAMAICA CIRCLE W. APOLLO BEACH, FL 33572-2425

DO NOT WRITE IN THIS SPACE

03212005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2907422
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, JIMMIE
720 JAMAICA CIRCLE W
APOLLO BEACH, FL 33572

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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 _____
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

TITLE	PD
NAME	PARKER, DOYLE E.
STREET ADDRESS	720 JAMAICA CIRCLE
CITY-ST-ZIP	APOLLO BEACH, FL
TITLE	S/T
NAME	PARKER, JIMMIE L.
STREET ADDRESS	720 JAMAICA CIRCLE
CITY-ST-ZIP	APOLLO BEACH, FL
TITLE	VP
NAME	PARKE, BRAIN A
STREET ADDRESS	1019 CANAL STREET
CITY-ST-ZIP	RUSKIN, FL 33570
TITLE	AS/T
NAME	OGILBY, BETH A
STREET ADDRESS	908 BIRDIE WAY
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000369324
06/10/05-80001-004 550.00

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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: Jimmie L Parker 3/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date