2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K34643

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

RUSKIN, FL 33570

OGILBY, BETH A

908 BIRDIE WAY

() Delete

APOLLO BEACH, FL 33572

AS/T

FILED Jan 06, 2006 Secretary of State

Entity Name: ED PARKER TROPICAL FISH, INC.						
Current Principal Place of Business:			New Princi	New Principal Place of Business:		
	CA CIRCLE W. EACH, FL 335					
Current Mailing Address:			New Mailin	New Mailing Address:		
720 JAMAICA CIRCLE W. APOLLO BEACH, FL 335722425						
FEI Number:	59-2907422	FEI Number Applied For ()	FEI Number Not Applie	cable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
PARKER, JIMMIE L. 720 JAMAICA CIRCLE W APOLLO BEACH, FL 33572 US PARKER, JIMMIE L. 720 JAMAICA CIRCLE W APOLLO BEACH, FL 33572 US				DA CIRCLE W		
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.						
SIGNATURE: JIMMIE L. PARKER				01/06/2006		
	Electroni	c Signature of Registered Age	nt	Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () PARKER, DOYL 720 JAMAICA CI APOLLO BEACH	RCLE	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	S/T () PARKER, JIMMI 720 JAMAICA CI APOLLO BEACH	RCLE	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name:	VP ()		Title: Name:	VP (X) Change () Addition PARKER, BRAIN A		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

RUSKIN, FL 33570

() Change () Addition

SIGNATURE: JIMMIE L. PARKER S/T 01/06/2006