## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000001740

Entity Name: SOUTHERNMOST PARROT HEAD CLUB, INC.

FILED Jul 14, 2004 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
P.O. BOX 1523 KEY WEST, FL 33041						
Current Ma	ailing Addres	s:	New Mailir	New Mailing Address:		
P.O. BOX 1523 KEY WEST, FL 33041						
FEI Number:	65-0983654	FEI Number Applied For ( ) FEI	Number Not Appli	icable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
BENNETT, 406 CAROL KEY WEST	JINE ST	US	706 CAROI	GDOUGLAS LINE ST , FL 33040	US	
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: GDOUGLAS BENNETT				07/14/2004		
	Electron	ic Signature of Registered Agent			Date	
OFFICERS AND DIRECTORS:			ADDITION	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$		
Title: Name: Address: City-St-Zip:	D () BENNETT, DOU 406 CAROLINE KEY WEST, FL	ST	Title: Name: Address: City-St-Zip:	PRE (X) BENNETT, GDC 706 CAROLINE KEY WEST, FL	ST	
Title: Name: Address: City-St-Zip:	D () BERNHARDT, K 50 GOLF CLUB KEY WEST, FL	DRIVE	Title: Name: Address: City-St-Zip:	VP (X) CARPENTER, D 330 ELIZABETH KEY WEST, FL	I ST	
Title: Name: Address: City-St-Zip:	D () CARPENTER, D 330 ELIZABETH KEY WEST, FL	STREET	Title: Name: Address: City-St-Zip:	TRES (X) BENNETT, JO 706 CAROLINE KEY WEST, FL		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	SHAFFER, LÀR	VELT, APT 107	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	MEM () KAUFMAN, JEF 1331 WEST SH BIG PINE KEY,	ORE DRIVE	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	EVERHART, FR	VELT, #213 EAST	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GDOUGLAS BENNETT PRES 07/14/2004