2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006
Secretary of State

DOCUMENT# N00000001740

Entity Name: SOUTHERNMOST PARROT HEAD CLUB, INC.

Current Principal Place of Business:

P.O. BOX 1523
KEY WEST, FL 33041

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1523
KEY WEST, FL 33041

New Mailing Address:

FEI Number: 65-0983654 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENNETT, JO
P O BOX 1523
KEY WEST, FL 33041 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRE ( ) Delete
Name: BENNETT, JO
Address: P O BOX 1523
City-St-Zip: KEY WEST, FL 33041

Title: VP ( ) Delete
Name: KAUFFMAN, JEFF
Address: P O BOX 1523
City-St-Zip: KEY WEST, FL 33041

Title: TRES ( ) Delete
Name: SHAFFER, LARRY
Address: P O BOX 1523
City-St-Zip: KEY WEST, FL 33041

Title: SEC ( ) Delete
Name: SHAFFER, NITA
Address: P O BOX 1523
City-St-Zip: KEY WEST, FL 33041

Title: MEM ( ) Delete
Name: BENNETT, DOUG
Address: P O BOX 1523
City-St-Zip: KEY WEST, FL 33041

Title: SOC ( ) Delete
Name: KAUFFMAN, MELISA
Address: P O BOX 1523
City-St-Zip: KEY WEST, FL 33041

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MEM (X) Change ( ) Addition
Name: COGGINS, HAL
Address: P O BOX 1523
City-St-Zip: KEY WEST, FL 33041

Title: SOC (X) Change ( ) Addition
Name: SANDERS, DUSTY
Address: P O BOX 1523
City-St-Zip: KEY WEST, FL 33041

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JO BENNETT PRES 03/08/2006

Electronic Signature of Signing Officer or Director — Date