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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000001740

1. Entity Name
SOUTHERNMOST PARROT HEAD CLUB, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1523 KEY WEST, FL 33041	P.O. BOX 1523 KEY WEST, FL 33041

02272007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
C/O 3930 S. Roosevelt Blvd	
Suite, Apt. #, etc.: #409 N	Suite, Apt. #, etc.
City & State: Key West Fl.	City & State
Zip: 33040 Country: US	Zip Country

4. FEI Number: 65-0983654 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BENNETT, JO P O BOX 1523 KEY WEST, FL 33041	Name: Kauffman, Jeff Street Address (P.O. Box Number is Not Acceptable): 3930 S. Roosevelt Blvd #409N City: Key West FL Zip Code: 33040

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: _____ President 4-18-07
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRE BENNETT, JO P O BOX 1523 KEY WEST, FL 33041	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Jeff Kauffman PO Box 1523 Key West, FL 33041	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KAUFFMAN, JEFF P O BOX 1523 KEY WEST, FL 33041	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES SHAFFER, LARRY P O BOX 1523 KEY WEST, FL 33041	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC SHAFFER, NITA P O BOX 1523 KEY WEST, FL 33041	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM COGGINS, HAL P O BOX 1523 KEY WEST, FL 33041	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Membership Cindy Chalkley P.O. Box 1523 Key West, Fl 33041	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SOC SANDERS, DUSTY P O BOX 1523 KEY WEST, FL 33041	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Social Brent Robbins P.O. Box 1523 Key West, FL 33041	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-18-07 305 393 2760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

As per telephone conversation with

JC 6/11