2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2004 8:00 am
Secretary of State
04-27-2004 90063 049 ****61.25

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DOCUMENT # N01000004624

1. Entity Name
PARROT HEADS OF CITRUS, INC.

Principal Place of Business	Mailing Address
PO BOX 98 HOMOSASSASPRINGS, FL 34447-0098	PO BOX 98 HOMOSASSASPRINGS, FL 34447-0098

01232004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3426721 ☐ 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
MARTIN, GORDON 6389 W. APPOMATTOX LN. HOMOSASSA, FL 34448 DECEASED	Name: MIKE McCORD Street Address (P.O. Box Number is Not Acceptable): 1215 S. GETTYSBURG DR. City: HOMOSASSA FL Zip Code: 34448

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: Mike McCord DATE: 5/25/04
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)
MIKE McCORD

Filing Fee is $61.25
Due by May 1, 2004

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	DV GREAVES, GRADY 1240 S. GETTYSBURG DR. HOMOSASSA, FL 34448	☑ Delete	DP MIKE McCORD 1215 S. GETTYSBURG DR. HOMOSASSA, FL 34448	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MARTIN, GORDON 6389 W APPOMATTOX LN HOMOSASSA, FL 34448	☑ Delete	DSDT Susanne M. Brown 2730 N. COMANCHE PT. CRYSTAL RIVER, FL 34429	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DSDT MARTIN, DEBORAH 6389 W. APPOMATTOX LN. HOMOSASSA, FL 34448	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 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: Susanne M. Brown Sec/TRES. 5/25/04 (352) 795-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Susanne M. Brown