

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90046 005 ****70.00

40006284



01132005 Chg-NP CR2E037 (10/03)

DOCUMENT # N01000004624 1. Entity Name PARROT HEADS OF CITRUS, INC.					
Principal Place of Business PO BOX 98 HOMOSASSASPRINGS, FL 34447-0098			Mailing Address PO BOX 98 HOMOSASSASPRINGS, FL 34447-0098		
2. Principal Place of Business P.O. Box 1543 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1543 Suite, Apt. #, etc.			
City & State Crystal River, FL Zip 34423-1543		City & State Crystal River, FL Zip 34423-1543		4. FEI Number 59-3426721	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCORD, MIKE 1215 S. GETTYSBURG DR. HOMOSASSA, FL 34448			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	DP MCCORD, MIKE 1215 S. GETTYSBURG DR. HOMOSASSA, FL 34448 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP JAMES BROWN 2730 N. COMANCHE POINT CRYSTAL RIVER, FL. 34429 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSDT BROWN, SUSANNE M 2730 N. COMANCHE PT. CRYSTAL RIVER, FL 34429 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SYLVIA COMMON 6511 W. CANNONDALE DR. CRYSTAL RIVER, FL. 34429 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARYANN FRANKLIN 10718 W. DUNNELLON RD. CRYSTAL RIVER, FL. 34428 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: Mike McCord <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			MIKE MCCORD Date 1-19-05 (352) 628-5587 <small>Daytime Phone #</small>		