

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90046 043 \*\*\*\*70.00

## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N01000004624**

1. Entity Name  
**PARROT HEADS OF CITRUS, INC.**



00000000

Principal Place of Business  
**PO BOX 1543  
CRYSTAL RIVER, FL 34423-1543**

Mailing Address  
**PO BOX 1543  
CRYSTAL RIVER, FL 34423-1543**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102006 Chg-NP

CR2E037 (11/05)

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

**MCCORD, MIKE  
1215 S. GETTYSBURG DR.  
HOMOSASSA, FL 34448**

7. Name and Address of New Registered Agent

Name **Brown, James A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2730 N. Comanche Pt.**  
**Crystal River**  
City **FL** Zip Code **34429**

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

*James A. Brown*

(NOTE: Registered Agent signature required when reappointing)

DATE

*1-12-06*

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE **DP** ☒ Delete  
NAME **MCCORD, MIKE**  
STREET ADDRESS **1215 S. GETTYSBURG DR.**  
CITY-ST-ZIP **HOMOSASSA, FL 34448**

TITLE **DS** ☒ Delete  
NAME **COMMON, SYLVIA**  
STREET ADDRESS **6511 WEST CANNONDALE DRIVE**  
CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

TITLE **DT** ☒ Delete  
NAME **FRANKLIN, MARYANN**  
STREET ADDRESS **10718 WEST DUNNELLON ROAD**  
CITY-ST-ZIP **CRYSTAL RIVER, FL 34428**

TITLE **DVP** ☒ Delete  
NAME **BROWN, JAMES**  
STREET ADDRESS **2730 NORTH COMANCHE POINT**  
CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition  
NAME **Brown, James A.**  
STREET ADDRESS **2730 N. Comanche Pt.**  
CITY-ST-ZIP **Crystal River FL 34429**

TITLE **DS** ☒ Change ☐ Addition  
NAME **Flaherty, Merry**  
STREET ADDRESS **1144 N. Midiron Pt**  
CITY-ST-ZIP **Crystal River FL 34429**

TITLE **DT** ☒ Change ☐ Addition  
NAME **Barlow, Rita**  
STREET ADDRESS **85 Greentree St.**  
CITY-ST-ZIP **Homosassa, FL 34446**

TITLE **DVP** ☒ Change ☐ Addition  
NAME **McDuff, Gerard**  
STREET ADDRESS **303 W. Olympia St.**  
CITY-ST-ZIP **Hernando, FL 34442**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*James A. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-12-06 (352) 795-9090*

Date Daytime Phone #