

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90018 004 ****61.25

DOCUMENT # N01000004624 1. Entity Name PARROT HEADS OF CITRUS, INC.					
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 - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.	
City & State Zip Country				City & State 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 BROWN, JAMES A 2730 N COMANCHE PT CRYSTAL RIVER FL 34429				7. Name and Address of New Registered Agent Name Judy Foxworth Street Address (P.O. Box Number is Not Acceptable) PO Box 63 S LINCOLN AVE City Beverly Hills FL Zip Code 34465	
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 <u><i>Lynn Moore</i></u> DATE <u>2-21-08</u> Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature not used when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May-1, 2008		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	DS BROWN, SUSANNE M 2730 N COMANCHE PT CRYSTAL RIVER FL 34429	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Brown Susanne 2730 N. Comanche PT Crystal River, FL 34429	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FLAHERTY, MERRY 1144 N MIDIRON PT CRYSTAL RIVER FL 34429	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treas Lynn Moore 14429 W. Seashell Ct. Crystal River 34429	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HOUNSCHELL, SHARON 1359 W. PEARSON ST HERNANDO FL 34442	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VA Rita B. Margy Sabatula 2200 N. Waters Edge Crystal River 34429	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MCDUFF, GERARD 303 W. OLYMPIA ST CRYSTAL RIVER FL 34429	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Judy Foxworth PO Box 640485 Beverly Hills, FL 34465	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Lynn Moore</i></u> <u><i>Lynn Moore</i></u> <u><i>Treasure</i></u> <u><i>352-527-0068</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					