

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002477

FILED
Apr 29, 2005
Secretary of State

Entity Name: ORLANDO PARROT HEADS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

116 OAK STREET
ALTAMONTE SPRINGS, FL 34714

New Principal Place of Business:

Current Mailing Address:

116 OAK STREET
ALTAMONTE SPRINGS, FL 34714

New Mailing Address:

FEI Number: 01-0669807

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, LOUIS
116 OAK STREET
ALTAMONTE SPRINGS, FL 34714 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: SCHLEGEL, JAMES L
Address: PO BOX 520378
City-St-Zip: LONGWOOD, FL 32752

Title: DP () Delete
Name: PERKINS, LOUIS
Address: 116 OAK STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 34714

Title: DV () Delete
Name: HARRINGTON, TERRY
Address: 4220 COVE DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: SMITH, JOSHUA
Address: 4530 MISTY MORN CIRCLE
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: HUTCHINSON, MARY
Address: 100 PYTCHLEY COURT
City-St-Zip: ORLANDO, FL 32779

Title: D () Delete
Name: SMITH, CHELSEY
Address: 4530 MISTY MORN CIRCLE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: PERKINS, LOUIS A
Address: 116 OAK STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 34714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TOMPKINS, DONALD
Address: 188 HAMMOCK OAK CIRCLE
City-St-Zip: DEBARY, FL 32713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS A. PERKINS

DP

04/29/2005

Electronic Signature of Signing Officer or Director

Date