2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004
Secretary of State

DOCUMENT# N03000007686

Entity Name: EMERALD COAST PARROT HEAD CLUB INC.

Current Principal Place of Business:

229 CREST DR.
DESTIN, FL 32550 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5052
DESTIN, FL 32550 US

New Mailing Address:

FEI Number: 30-0207468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL A
229 CREST DR.
DESTIN, FL 32550 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:	P	( ) Delete
Name:	SCHNEIDER, MICHAEL A	
Address:	229 CREST DR.	
City-St-Zip:	DESTIN, FL 32550 US	
Title:	VP	( ) Delete
Name:	MCCARTHY, KAREN	
Address:	160 JACKSON'S RUN #F8	
City-St-Zip:	SANTA ROSA BEACH, FL 32550 US	
Title:	TREA	( ) Delete
Name:	SCHNEIDER, SHERRY	
Address:	229 CREST DR.	
City-St-Zip:	DESTIN, FL 32550 US	
Title:	SEC	( ) Delete
Name:	PHILLIPS, LINDA	
Address:	365 WALTON WAY	
City-St-Zip:	DESTIN, FL 32550 US	
Title:	M@L	( ) Delete
Name:	FENTON, JAMES	
Address:	1699 RACOON TRAIL	
City-St-Zip:	NICEVILLE, FL 32578 US	
Title:	M@L	( ) Delete
Name:	WOOLMAN, PAUL	
Address:	709 ST. CROIX COVE	
City-St-Zip:	NICEVILLE, FL 32578 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: MICHAEL A. SCHNEIDER P 07/28/2004

Electronic Signature of Signing Officer or Director — Date