

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000716

FILED
Jul 29, 2007
Secretary of State

Entity Name: PARROT HEADS IN NATURAL SETTINGS, INC.

Current Principal Place of Business:

12359 VC JOHNSON RD
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

12359 VC JOHNSON RD
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 20-0676619 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHARTRAN, BARBARA J TD
12359 V.C. JOHNSON RD
JACKSONVILLE, FL 32218 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: PD () Delete
Name: MCDOWELL, WAYNE
Address: 12359 VC JOHNSON RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD () Delete
Name: DOCKERY, ROGER
Address: 12359 VC JOHNSON RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD () Delete
Name: AVERY, GARY
Address: 12359 VC JOHNSON RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: SHARTRAN, BARB
Address: 12359 VC JOHNSON RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: RENFROE, DEBBIE
Address: 12359 VC JOHNSON RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD (X) Change () Addition
Name: SHARTRAN, BARBARA
Address: 12359 VC JOHNSON RD
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Change (X) Addition
Name: KRONE, BONNIE
Address: 12359 VC JOHNSON RD
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BARBARA SHARTRAN

TD

07/29/2007

Electronic Signature of Signing Officer or Director

Date