


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90008 046 \*\*\*150.00

<b>DOCUMENT # P01000005658</b>			
1. Entity Name <b>PARROT-DISE, INC.</b>			
Principal Place of Business <b>3448 MARIANATOWN NORTH FT MYERS FL 33903</b>		Mailing Address <b>3448 MARIANATOWN NORTH FT MYERS FL 33903</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <b>"MARINATOWN" LANE</b>		Suite, Apt. #, etc. <b>"MARINATOWN" LANE</b>	
City & State		City & State	
Zip	Country	Zip	Country

44014553



MOORE CR2E034 (11/03)

4. FEI Number <b>65-1080314</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>FOSBERG, BRAD S 3448 MARIANATOWN NORTH FT MYERS FL 33903</b>		Name Street Address (P.O. Box Number is Not Acceptable) <b>"MARINATOWN" LANE</b> City <b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOSBERG, BRADLEY S 3448 MARIANATOWN NORTH FT MYERS FL 33903 <b>(MARINATOWN) LANE</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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*MISpelled Street*  
*(Marinatown) Lane*

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, 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:** *Bradley S Fosberg* **2-26-04 (815) 262-0358**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #