2005 FOR PROFIT CORPORATION

FILED Apr 07, 2005 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P03000101451 1. Entity Name PARRY CONSTRUCTION, INC. Principal Place of Business Mailing Address 2822 PROCTOR ROAD, SUITE A 2822 PROCTOR ROAD, SUITE A SARASOTA, FL 34231 SARASOTA, FL 34231 No Cha-P CR2E034 (10/03) 02102005 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0250906 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARRY, ANDREW DO NOT WRITE 2822 PROCTOR ROAD, SUITE A SARASOTA, FL 34231 IN THIS SPACE 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PARRY, ANDREW NAME 2822 PROCTOR ROAD, SUITE A STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 Unnnn291669 TITLE ##/#///05-80041-001 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information it is true and a accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director inpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if is, with all other like expowered. 12. I hereby certify that the information supplied vindicated on this report or supplemental repo of the corporation or the receiver or trustee changed, or on an attachment with an ad-

SIGNATURE: 👱

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Davime Phone #