

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000155854

Entity Name: CHRIS PARR,INC.

FILED  
Apr 20, 2005  
Secretary of State

## Current Principal Place of Business:

364 ERON WAY  
WINTER GARDEN, FL 34787 US

## New Principal Place of Business:

819 PRINCETON DRIVE  
CLERMONT, FL 34711 US

## Current Mailing Address:

364 ERON WAY  
WINTER GARDEN, FL 34787 US

## New Mailing Address:

819 PRINCETON DRIVE  
CLERMONT, FL 34711 US

FEI Number: 20-0530720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARR, CHRISTOPHER G  
364 ERON WAY  
WINTER GARDEN, FL 34787 US

## Name and Address of New Registered Agent:

PARR, CHRISTOPHER G  
819 PRINCETON DRIVE  
CLERMONT, FL 34711 US

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: CHRISTOPHER G PARR

04/20/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PARR, CHRISTOPHER G  
Address: 364 ERON WAY  
City-St-Zip: WINTER GARDEN, F 34787 US

Title: VP ( ) Delete  
Name: LEAHY, JAMES E VP  
Address: 1989 TWIN LAKES DRIVE  
City-St-Zip: GOTH A, FL 34734 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: PARR, CHRISTOPHER G P  
Address: 819 PRINCETON DRIVE  
City-St-Zip: CLERMONT, F 34711 US

Title: T (X) Change ( ) Addition  
Name: PARR, LUANNE S T  
Address: 819 PRINCETON DRIVE  
City-St-Zip: CLERMONT, FL 34711 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER G PARR

P

04/20/2005

Electronic Signature of Signing Officer or Director

Date