

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000018781

Entity Name: PARR INC.

FILED
Oct 09, 2006
Secretary of State

Current Principal Place of Business:

5051 SANDY COVE RD
SARASOTA, FL 34232

New Principal Place of Business:

5051 SANDY COVE AVE
SARASOTA, FL 34232

Current Mailing Address:

5051 SANDY COVE RD
SARASOTA, FL 34232

New Mailing Address:

5051 SANDY COVE AVE
SARASOTA, FL 34232

FEI Number: 20-0676213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARR, PERRY
5051 SANDY COVE RD
SARASOTA, FL 34232 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: PERRY PARR

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: PARR, PERRY
Address: 5051 SANDY COVE AVE
City-St-Zip: SARASOTA, FL 34232

Title: DIR (X) Delete
Name: MCNAIR, MELVIN
Address: 5400 26TH STREET WEST APARTMENT C40
City-St-Zip: BRADENTON, FL 34207

Title: DIR (X) Delete
Name: SHAFFER, MATTHEW
Address: 2105 OAK TERRACE
City-St-Zip: SARASOTA, FL 34231

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PERRY PARR

Electronic Signature of Signing Officer or Director

PVST

10/09/2006

Date