


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 14, 2006 8:00 am
Secretary of State

09-14-2006 90002 035 ***150.00

| | |
|---|---|
| DOCUMENT # P04000067675 |  |
| 1. Entity Name BLUE PARROT CONSTRUCTION, INC. | |

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|---|---|
| Principal Place of Business 1061 CORAL DRIVE BOYNTON BEACH, FL 33246 US | Mailing Address 1061 CORAL DRIVE BOYNTON BEACH, FL 33246 US |
|---|---|

60038966

| | |
|---|---|
| 2. Principal Place of Business 6499 BRANDON ST. | 3. Mailing Address 6499 BRANDON ST. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



09092006 Chg-P CR2E034 (11/05)

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|---|---|
| City & State PALM BEACH GARDENS | City & State PALM BEACH GARDENS |
| Zip 33418 | Country USA |
| Zip 33418 | Country USA |

| | |
|------------------------------------|--|
| 4. FEI Number 20-1052567 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|--|
| 6. Name and Address of Current Registered Agent | |
| HEVERLY, SYLVIA J 1061 CORAL DRIVE BOYNTON BEACH, FL 33426 | |

| | |
|--|-----------------------|
| 7. Name and Address of New Registered Agent | |
| Name SAME | |
| Street Address (P.O. Box Number is Not Acceptable) 6499 BRANDON STREET | |
| City PALM BEACH GARDENS FL | Zip Code 33418 |

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|---|---------------------|
| 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 <i>Sylvia J. Heverly</i> | DATE 9/12/06 |
| (NOTE: Registered Agent signature required when reinstating) | |

| | | | |
|--|---|------------------------------------|--|
| FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
|---|---------------------------------|
| TITLE P | <input type="checkbox"/> Delete |
| NAME HEVERLY, P. WINSTON | |
| STREET ADDRESS 1061 CORAL DRIVE | |
| CITY-ST-ZIP BOYNTON BEACH, FL 33426 | |
| TITLE VP | <input type="checkbox"/> Delete |
| NAME HEVERLY, SYLVIA J | |
| STREET ADDRESS 1061 CORAL DRIVE | |
| CITY-ST-ZIP BOYNTON BEACH, FL 33426 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE SAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME 6499 BRANDON STREET | |
| STREET ADDRESS PALM BEACH GARDENS, FL 33418 | |
| CITY-ST-ZIP | |
| TITLE SAME | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME 6499 BRANDON STREET | |
| STREET ADDRESS PALM BEACH GARDENS, FL 33418 | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>P. Winston Heverly</i> | DATE: 9/12/06 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |
| Daytime Phone # 561-630-9958 | |