

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 26, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90242 038 \*\*\*150.00

5/4/

DOCUMENT # P04000089068

1. Entity Name

PARRAMORE PARTNERS, INC.



Principal Place of Business

PO BOX 547851  
ORLANDO FL 32854

Mailing Address

PO BOX 547851  
ORLANDO FL 32854

66020777



2. Principal Place of Business

1101 W. Church St.  
Orlando, FL  
City & State

3. Mailing Address

1101 W. Church St.  
Orlando, FL  
City & State

1st MOORE CR2E034 (10/05) 6/4

4. FEI Number

20-5080349  
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

Zip  
32805

Country  
ORANGE

Zip  
32805

Country  
ORANGE

6. Name and Address of Current Registered Agent

DAVIS, JOSEPH HAYNES ESQ  
207 E LIVINGSTON ST  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Philip T Couherd  
Street Address (P.O. Box Number is Not Acceptable)  
1101 W. Church St  
City Orlando FL Zip Code 32805

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

Signature, by hand, of person or authorized agent and file if applicable

(NOTE: Registered Agent signature required when certifying)

DATE

4-17-06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Pres, Sec, & Treas + Dir				
	LORIN JONES	4213 PRINCE HALL BLVD	ORLANDO, FLA 32811		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attached sheet with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

4-17-06 407 835 9858

Issued EIN

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**Internal Revenue Service**

DEPARTMENT OF THE TREASURY

The  
Digital  
Daily

66020777  
#404000089068

**Federal Tax ID / EIN**

This is your provisional Employer Identification Number:

**20-5080349**

Today's Date is: June 21, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.  
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#) [Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

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**Internal Revenue Service**

DEPARTMENT OF THE TREASURY

The  
Digital  
Daily

Form SS-4


**Federal Tax ID / E**

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service		<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN  OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested paramore partners inc					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, "care of" name		
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 1101 W church st			5a Street address (if different) (Do not enter a P.O. box) 1026 W Central Blvd		
4b* City, state, and ZIP code Orlando FL 32805 2217			5b City, state, and ZIP code Orlando FL 32805		
6* County and state where principal business is located County Orange State FL					
7a Name of principal officer, general partner, grantor, owner, or trustor Lorin Jones no MN			7b SSN, ITIN, EIN 262898665		
8a* Type of entity (check only one) <input type="radio"/> Sole Proprietor (SSN) <input type="radio"/> Partnership <input checked="" type="radio"/> Corporation (enter form number to be filed) ▶ 1120 <input type="radio"/> Personal Service <input type="radio"/> Church or church-controlled organization <input type="radio"/> Other nonprofit organization (specify) ▶ <input type="radio"/> Other (specify) ▶					
<input type="radio"/> Estate (SSN of decedent) <input type="radio"/> Plan administrator (SSN) <input type="radio"/> Trust (SSN of grantor) <input type="radio"/> National Guard <input type="radio"/> State/local government <input type="radio"/> Farmers' cooperative <input type="radio"/> Federal government/military <input type="radio"/> REMIC <input type="radio"/> Indian tribal government/enterprises Group Exemption NO. (GEN) ▶					
8b If a corporation, name the state or foreign country (if applicable) where incorporated FL			Foreign country		
9* Reason for applying (check only one) <input checked="" type="radio"/> Started new business (specify type) ▶ 2005 <input type="radio"/> Hired employees (Check the box and see line 12) <input type="radio"/> Compliance with IRS withholding regulations <input type="radio"/> Other (specify) ▶					
<input type="radio"/> Banking purpose (specify purpose) ▶ <input type="radio"/> Changed type of organization (specify new type) ▶ <input type="radio"/> Purchased going business <input type="radio"/> Created a trust (specify type) ▶ <input type="radio"/> Created a pension plan (specify type) ▶					
10* Date business started or acquired (month, day, year) DEC 26 2005			11 Closing month of accounting year DEC		
12 First date wages or annuities were paid or will be paid (month, day, year) Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶					
13 Highest number of employees expected in the next twelve months Note: If the applicant does not expect to have any employees during the period, enter "-0-".			Agriculture Household Other		
14* Check box that best describes the principal activity of your business <input type="radio"/> Construction <input type="radio"/> Rental & leasing <input type="radio"/> Transportation & warehousing <input type="radio"/> Health care & social assistance <input type="radio"/> Wholesale-agent/broker <input type="radio"/> Real estate <input type="radio"/> Manufacturing <input type="radio"/> Finance & insurance <input type="radio"/> Accommodation & food service <input type="radio"/> Wholesale-other <input checked="" type="radio"/> Other (specify) rentals and consulting					
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. consulting and advise on political matters & rental					

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16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... <input type="radio"/> Yes <input checked="" type="radio"/> No		
<b>Note</b> If "Yes" please complete lines 16b and 16c		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.		
Legal name ▶ _____		
Trade name ▶ _____		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.		
Approximate date when filed (month, day, year)      City and state where filed      Previous EIN		
<div> </div> <div> </div> <div> </div>		
Third Party Designee	Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form	
	Designee's name Philip T Cowherd	
	Designee's telephone number (include area code) ( 407 ) 835 - 9858	
	Designee's fax number (include area code) ( 407 ) 835 - 9859	
	Address and ZIP code	
	1101 W Church St      Orlando      FL      32805	
	2217	
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)
Name and title (type or print clearly) ▶ _____		( 407 ) 835 - 9858
Signature ▶ Not Required      Date ▶ June 21, 2006 GMT		Applicant's fax number (include area code) (      )      -
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N      Form SS-4 (Rev. 12-2001)		
		

Easy Business Services - Here Is Your Receipt

ATTACHMENT

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# 184000089068

Payments by **Easy Business Services**

Confirm \* Shipping \* Billing \* Payment

Your account statement will have a charge for 4.95 from "EASY BUSINESS SERVI

Print This Page For Your Records

128-Bit SSL Enc

Order Information

Date / Time: 2006-06-21 13:23:19  
Transaction ID: 1128391064  
Order Number: 7671  
Item Number: EIN\_02  
Item Name: Instant EIN / FEID Number

Payment Information

Card Number: \*\*\*\*\*4731  
Expiration Date: 02/2010  
Charge Amount: 4.95  
Email Address: philiptcowherd@msn.com

Shipping Address

Company:  
First Name:  
Last Name:  
Address Line 1:  
Address Line 2:  
City / Town:  
State / Province:  
Postal Code:  
Country: US

Billing Address

Company:  
First Name: philip  
Last Name: cowherd  
Address Line 1: 1101 W. Church St  
Address Line 2:  
City / Town: Orlando  
State / Province: FL  
Postal Code: 32805  
Country: US

Easy Business Services takes your privacy and security very seriously.  
If you have any questions, please contact Customer Service