
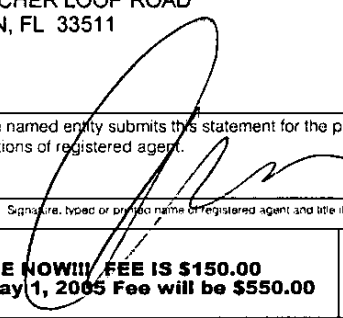
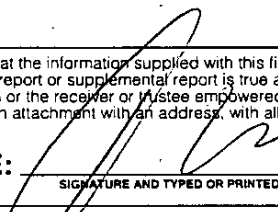


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90076 049 ***150.00

DOCUMENT # P04000152932 1. Entity Name PARROTHEADS MAIN BAR INC.					
Principal Place of Business 1944 MAIN STREET SARASOTA, FL 34236			Mailing Address 1944 MAIN STREET SARASOTA, FL 34236		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 93-1109822	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BEEMAN, CLARENCE A 1347 HATCHER LOOP ROAD BRANDON, FL 33511				7. Name and Address of New Registered Agent Name CLARENCE A. BEEMAN Street Address (P.O. Box Number is Not Acceptable) 1944 MAIN ST City SARASOTA FL 34236	
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 4-12-05	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEEMAN, CLARENCE A 1347 HATCHER LOOP ROAD BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE P NAME CLARENCE A. BEEMAN STREET ADDRESS 6912 KIMBERLYNN CIR CITY-ST-ZIP SARASOTA, FL 34243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T BEEMAN, KATHERINE L 1347 HATCHER LOOP ROAD BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE VP, T NAME KATHERINE L. BEEMAN STREET ADDRESS 6912 KIMBERLYNN CIR CITY-ST-ZIP SARASOTA, FL 34243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR CLARENCE A. BEEMAN PRES.					
Date 4-12-05					
Business Phone # 941-3668733					