

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-01-2006 90035 005 ***150.00

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1st MOORE CR2E034 (10/05)

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|--|--|---------|--|--|--|
| DOCUMENT # P05000009212 1. Entity Name PARLIAMENT EQUESTRIAN CENTER, INC. | | | | | |
| Principal Place of Business 14341 ORANGE RIVER ROAD FT. MYERS FL 33905 | | | Mailing Address 14341 ORANGE RIVER ROAD FT. MYERS FL 33905 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 20-2198253 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent STEELE, ELISABETH 14341 ORANGE RIVER ROAD FT. MYERS FL 33905 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 <u><i>Elisabeth Steele</i></u> (NOTE: Registered Agent signature required when re-stating) DATE _____ | | | | | |
| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE D <input type="checkbox"/> Delete NAME STEELE, ELISABETH STREET ADDRESS 14341 ORANGE RIVER ROAD CITY-ST-ZIP FT. MYERS FL 33905 | | | 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 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 attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>Elisabeth Steele</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <u>2/20/06</u> <u>239-340-2048</u> <small>Date Daytime Phone #</small> | | |



ATTACHMENT

66006976

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2006

PARLIAMENT EQUESTRIAN CENTER, INC.
14341 ORANGE RIVER ROAD
FT. MYERS, FL 33905

Subject: PARLIAMENT EQUESTRIAN CENTER, INC.

Reference Number: P05006009212

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ

ANNUAL REPORTS SECTION