

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90024 019 ***150.00

DOCUMENT # P06000094564

1. Entity Name
THE PARROT PLACE INC



Principal Place of Business
1957 PALM VISTA DRIVE
APOPKA, FL 32712

Mailing Address
1957 PALM VISTA DRIVE
APOPKA, FL 32712

2. Principal Place of Business - No P.O. Box #

1052 W. State Road 436

Suite, Apt. #, etc.

Suite 1072

City & State
Altamonte Springs, FL

Zip
32714-5206

County
Seminole

3. Mailing Address

1052 W. State Road 436

Suite, Apt. #, etc.

Suite 1072

City & State
Altamonte Springs, FL

Zip
32714-5206

County
Seminole

06052007

Chg-P

CR2E034 (12/06)

4. FEI Number

20-5223989

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ABERNATHY, MARTIN D
1957 PALM VISTA DRIVE
APOPKA, FL 32712

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME ABERNATHY, MARTIN D
STREET ADDRESS 1957 PALM VISTA DRIVE
CITY-ST-ZIP APOPKA, FL 32712 ☐ Delete

TITLE VP
NAME ABERNATHY, JILL L
STREET ADDRESS 1957 PALM VISTA DRIVE
CITY-ST-ZIP APOPKA, FL 32712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Jill Abernathy Jill Abernathy 6-7-07 407-682-3855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
40121363

Toni B. Springer, CPA, PA

Certified Public Accountant
801 Douglas Ave., Suite #206
Altamonte Springs, FL 32714
Email: tspringer@tbscpa.com
Phone: 407-869-0217
Fax: 407-682-2442

June 7, 2007

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: 2007 For Profit Corporation Annual Report

Document # P06000094564

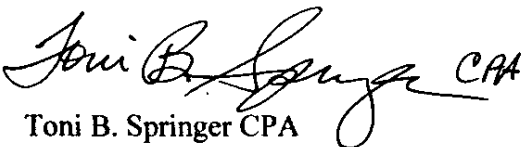
The Parrot Place, Inc.

We respectfully request the penalty of \$ 400.00 for late filing assessed on the client identified above be abated.

My client discarded the postcard junk mail, as they are a new filing corporation. They expected to receive the proper forms in the mail in order to comply with the annual filing requirements.

Given the circumstances, kindly abate the penalty.

Very truly yours,

 CPA
Toni B. Springer CPA