2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000035551 1. Entity Name PARNETT & ASSOCIATES, INC.						Feb 03, Secre	2005 etary	08:00 of Sta	0 AM ate
Principal Place of Business Mailing Address					†				
4825 PARKO		4825 PARKCREST ST							
	1 BEACH FL 33415		WEST PALM BEACH FL 33415						
2. Principal P	lace of Business_	3. Mailing Address	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		15	st MOORE	CR2E034	(10/04)	
City & State	e	City & State	City & State		4. FEI Numb	per CE 0445000		A	pplied For
			7		<u></u>	65-0415630			ot Applicable
Z ip	Country	Ζip	Zip Coun		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
	6. Name and Address of Cu	rrent Registered Agent	Registered Agent		7. Name an	d Address of New R			
		Name							
PAR	NETT, JAMES			Street Address (P.O. Box Number is Not Acceptable)					
4825 PARKCREST ST WEST PALM BEACH FL 33415									
				City					
							FL	Zip Coo	de
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 registored agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Campa Trust Fund Con	-		.00 May Be led to Fees
10.	_ OFFICERS	AND DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTOR	RS IN 11
	P PARTE LANGE	☐ Delete	TITLE					Change	Addition
	PARNETT, JAMES 4825 PARKCREST ST	=	NAM STRE	E ET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 3341	5		-ST-ZIP					
TITLE		☐ Delete	TITLE	Ē		00000021 02/03/05-80	3754	Change	Addition
NAME			MAN			02/03/05-80	M81-05	5 150.0	עונ
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CITY-SI-ZIP				-\$1-ZIP	·····				□ A 44'2'
NAME		☐ Delete	TITLE NAM					Change	☐ Addition
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CITY-ST-ZIP			•	-SI-ZP					
TITLE	<u> </u>	☐ Delete	ÜÜLE					☐ Change	Addition
NAME CERCEL ADDRESS			NAM						
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP					
<u> </u>	certify that the information supplies	d with this filing does not qualify fo			ection 119 07/3	Vi) Florida Statutes	further cer	lify that the	information
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.									

SCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Daytme Phone #