

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90187 039 ***158.75

DOCUMENT # P94000023384

1. Entity Name

PAR ENTERPRISES OF ORLANDO, INC.



Principal Place of Business

1115 EAST PLANT STREET
WINTER GARDENS, FL 34787

Mailing Address

P.O. BOX 788
WINDERMERE, FL 34786

50036312



2. Principal Place of Business

2360 Clark St.

3. Mailing Address

SAME

Suite, Apt. #, etc.

A

Suite, Apt. #, etc.

AS ABOVE

02022005

Chg-P

CR2E034 (10/03)

City & State

Apopka Florida

City & State

AS ABOVE

4. FEI Number

59-3239584

Applied For

Not Applicable

Zip

32703

Country

USA

Zip

32703

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NORRIS, PAMELA S

1115 EAST PLANT STREET

WINTER GARDENS, FL 34787 Apopka, FL 32703

7. Name and Address of New Registered Agent

Name

RONALD LARIMER

Street Address (P.O. Box Number is Not Acceptable)

2360 CLARK ST SUITE A

City

Apopka

FL

Zip Code

32703

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

R.A. Larimer

(NOTE: Registered Agent signature required when reinstating)

2-28-05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME NORRIS, PAMELA S
STREET ADDRESS 1115 EAST PLANT STREET
CITY-ST-ZIP WINTER GARDENS, FL 34787

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT ☒ Change ☐ Addition
NAME RONALD LARIMER
STREET ADDRESS 2360 CLARK ST SUITE A
CITY-ST-ZIP APOPKA, FLA 32703

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

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

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CITY-ST-ZIP

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

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:

R.A. Larimer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-05

DATE

4072959880

Daytime Phone #