

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000085073

1. Entity Name
PARROTT'S LAWN SERVICE, INC.



Principal Place of Business
**750 RELIM LANE
SARASOTA, FL 34232**

Mailing Address
**750 RELIM LANE
SARASOTA, FL 34232**



01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0544083	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PARROTT, KAREN A
750 RELIM LANE
SARASOTA, FL 34232**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
NAME	PARROTT, DENNIS
STREET ADDRESS	750 RELIM LANE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	ST
NAME	PARROTT, KAREN
STREET ADDRESS	750 RELIM LANE
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000541275
05/10/06-80052-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06 (941) 371-2852
Date Daytime Phone #