

# **2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000031049

Entity Name: BLUE PARROT BAR, INC.

**FILED**  
**Jul 11, 2005**  
**Secretary of State**

## **Current Principal Place of Business:**

6408 BROOKHOLLOW CT  
TAMPA, FL 33634

## **New Principal Place of Business:**

6121 4TH S NORTH  
ST PETERSBURG, FL 33703 US

## **Current Mailing Address:**

6408 BROOKHOLLOW CT  
TAMPA, FL 33634

## **New Mailing Address:**

PO BOX 1945  
INTERLACHEN, FL 32148 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

ANDROU, ERLA  
6408 BROOKHOLLOW CT.  
TAMPA, FL 33634 US

## **Name and Address of New Registered Agent:**

TAYLOR, JAMES S  
141 MANGLES DR  
INTERLACHEN, FL 32148 US

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.

SIGNATURE: JAMES S TAYLOR

07/11/2005

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ANDROU, ERLA  
Address: 6408 BROOKHOLLOW CT.  
City-St-Zip: TAMPA, FL 33634

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: TAYLOR, JAMES S  
Address: PO BOX 1945  
City-St-Zip: INTERLACHEN, FL 32148 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES S TAYLOR

P

07/11/2005

Electronic Signature of Signing Officer or Director

Date