## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 30, 2007 08:00 AM **Secretary of State** DOCUMENT # P96000039257 BLUÉ PARROT OCEANFRONT CAFE INC. Mailing Address Principal Place of Business 68 W. GORRIE BLVD. 68 W. GORRIE BLVD. ST. GEORGE ISLAND, FL. 32328 ST. GEORGE ISLAND, FL 32328 No Chg-P CR2E034 (11/05) 03012007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3377778 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ 6. Name and Address of Current Registered Agent STEVEN, RASH C DO NOT WRITE 1081 W GORRIE DR ST. GEORGE ISLAND, FL 32320 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. Lam familiar with, and accept the obligations of registered agent 3.29-07 STRUEN CAISE Signature, typed or primed harne of registered agent and title it applicable. (NOTE: Registered Agent synature required when remistating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution OFFICERS AND DIRECTORS 10. TITLE RASH, STEVEN C 68 W GORRIE BLVD STREET ADDRESS CITY-ST-ZIP ST GEORGE ISLAND, FL U00000684283 04/06/07-80025-023 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 it made under eath; 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:

NAME STREET ADDRESS C(TY-ST-Z)P

> STRURN C-RASIA, PRI SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

822 85 3 127 1544

**FILED**