

# **2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P96000039257

**FILED**  
**Jun 10, 2008**  
**Secretary of State**

**Entity Name:** BLUE PARROT OCEANFRONT CAFE INC.

**Current Principal Place of Business:**

68 W. GORRIE BLVD.  
ST. GEORGE ISLAND, FL 32328

**New Principal Place of Business:**

68 W. GORRIE DRIVE  
ST. GEORGE ISLAND, FL 32328

**Current Mailing Address:**

68 W. GORRIE BLVD.  
ST. GEORGE ISLAND, FL 32328 US

**New Mailing Address:**

68 W. GORRIE DRIVE  
ST. GEORGE ISLAND, FL 32328 US

**FEI Number:** 59-3377778

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEVEN, RASH C  
1081 W GORRIE DR  
ST. GEORGE ISLAND, FL 32320 US

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

STEVEN, RASH C  
1081 W GORRIE DR  
ST. GEORGE ISLAND, FL 32328 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: \_\_\_\_\_

Electronic Signature of Registered Agent

06/10/2008

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: RASH, STEVEN C  
Address: 68 W GORRIE BLVD  
City-St-Zip: ST GEORGE ISLAND, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: P (X) Change ( ) Addition  
Name: RASH, STEVEN C  
Address: 68 W GORRIE BLVD  
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: VP ( ) Change (X) Addition  
Name: JOANOS, GEORGE  
Address: 240 W. GORRIE DRIVE APT. E-4  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STEVEN C RASH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

06/10/2008

\_\_\_\_\_  
Date