

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

DOCUMENT# P96000089915

Entity Name: PAROW INDUSTRIES, INC.

**FILED**  
**Jul 25, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

1019 LEATHER FERN LANE  
MIMS, FL 32754

**New Principal Place of Business:**

**Current Mailing Address:**

1019 LEATHER FERN LANE  
MIMS, FL 32754

**New Mailing Address:**

FEI Number: 59-3428864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAROW, DANIEL F  
1019 LEATHER FERN LANE  
MIMS, FL 32754 US

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

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: PAROW, JUDITH  
Address: 1019 LEATHER FERN LANE  
City-St-Zip: MIMS, FL 32754

Title: P ( ) Delete  
Name: PAROW, DANIEL  
Address: 1019 LEATHER FERN LANE  
City-St-Zip: MIMS, FL 32754

Title: VP ( ) Delete  
Name: PAROW, GEORGE V  
Address: 2490 BAY BERRY DR  
City-St-Zip: CLEARWATER, FL 33763

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

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

Title: T (X) Change ( ) Addition  
Name: PAROW, JUDITH A  
Address: 1019 LEATHER FERN LANE  
City-St-Zip: MIMS, FL 32754

Title: P (X) Change ( ) Addition  
Name: PAROW, DANIEL F P  
Address: 1019 LEATHER FERN LANE  
City-St-Zip: MIMS, FL 32754

Title: VP (X) Change ( ) Addition  
Name: PAROW, GEORGE V V PRES  
Address: 2490 BAY BERRY DR  
City-St-Zip: CLEARWATER, FL 33763

Title: D ( ) Change (X) Addition  
Name: SHEEHAN, NICHOLIS D DIR  
Address: 419 OSPREY LAKE CIRCLE  
City-St-Zip: OVIEDO, FL 32766

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: DANIEL F. PAROW

P

07/25/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date