


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000084152 <small>t. Entity Name</small> MICAH PARKER ARTWORKS, INC.													
Principal Place of Business 711 S OSPREY AVE SUITE 2 SARASOTA FL 34236 US		Mailing Address 711 S OSPREY AVE SUITE 2 SARASOTA FL 34236 US											
2. Principal Place of Business		3. Mailing Address											
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>											
<small>City & State</small>		<small>City & State</small>		4. FEI Number 65-0800154 <small>Applied For Not Applicable</small>									
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent										
PARKER, MINDY K 711 S OSPREY AVENUE #2 SARASOTA FL 34236			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2" style="padding: 2px;"><small>Name</small></td></tr> <tr><td colspan="2" style="padding: 2px;"><small>Street Address (P.O. Box Number is Not Acceptable)</small></td></tr> <tr><td colspan="2" style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"><small>City</small></td><td style="padding: 2px;">FL <small>Zip Code</small></td></tr> </table>			<small>Name</small>		<small>Street Address (P.O. Box Number is Not Acceptable)</small>				<small>City</small>	FL <small>Zip Code</small>
<small>Name</small>													
<small>Street Address (P.O. Box Number is Not Acceptable)</small>													
<small>City</small>	FL <small>Zip Code</small>												
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____													
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees										
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
<small>TITLE</small>	VPD <input type="checkbox"/> Delete		<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
<small>NAME</small>	PARKER, MINDY K		<small>NAME</small>										
<small>STREET ADDRESS</small>	711 S OSPREY #2		<small>STREET ADDRESS</small>										
<small>CITY-ST-ZIP</small>	SARASOTA FL 34236		<small>CITY-ST-ZIP</small>										
<small>TITLE</small>	PD <input type="checkbox"/> Delete		<small>TITLE</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
<small>NAME</small>	PARKER, MICAH S		<small>NAME</small>										
<small>STREET ADDRESS</small>	711 OSPREY #2		<small>STREET ADDRESS</small>										
<small>CITY-ST-ZIP</small>	SARASOTA FL 34236		<small>CITY-ST-ZIP</small>										
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<small>CITY-ST-ZIP</small>			<small>CITY-ST-ZIP</small>										



1st MOORE CR2E034 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mindy K Parker Mindy K Parker 2/23/06 941-954-4044