



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P98000001969 1. Entity Name PARRCOMM, INC. |  |
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| Principal Place of Business 570 BAHAMA RD VENICE, FL 34293 | Mailing Address PO BOX 673 VENICE, FL 34293 |
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DO NOT WRITE IN THIS SPACE

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| 04172004 No Chg-P CR2E034 (10/03) | |
| 4. FEI Number 65-0817344 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent PARROW, CONNIE S 570 BAHAMA RD VENICE, FL 34293 |
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**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000120585 04/20/04-80016-024 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PT PARROW, CONNIES 570 BAHAMA RD VENICE, FL 34293 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MS PARROW, RICHARD A 1305 E. VENICE AVE VENICE, FL 34292 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MS RICHARD, PARROW A 570 BAHAMA RD VENICE, FL 34293 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Richard Parrow **Richard Parrow** 4/18/04 941-408-7071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #