

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000001969

Entity Name: PARRCOMM, INC.

FILED  
Apr 02, 2005  
Secretary of State

## Current Principal Place of Business:

570 BAHAMA RD  
VENICE, FL 34293

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 673  
VENICE, FL 34293

## New Mailing Address:

FEI Number: 65-0817344

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PARROW, CONNIE S  
570 BAHAMA RD  
VENICE, FL 34293 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PT ( ) Delete  
Name: PARROW, CONNIES  
Address: 570 BAHAMA RD  
City-St-Zip: VENICE, FL 34293

Title: MS ( ) Delete  
Name: PARROW, RICHARD A  
Address: 1305 E. VENICE AVE  
City-St-Zip: VENICE, FL 34292

Title: MS ( ) Delete  
Name: RICHARD, PARROW A  
Address: 570 BAHAMA RD  
City-St-Zip: VENICE, FL 34293

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition  
Name: PARROW, CONNIE S  
Address: 570 BAHAMA RD  
City-St-Zip: VENICE, FL 34293

Title: MR (X) Change ( ) Addition  
Name: PARROW, RICHARD A  
Address: 1305 E. VENICE AVE  
City-St-Zip: VENICE, FL 34292

Title: MR (X) Change ( ) Addition  
Name: RICHARD, PARROW A  
Address: 570 BAHAMA RD  
City-St-Zip: VENICE, FL 34293

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: CONNIE S PARROW

PT

04/02/2005

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

\_\_\_\_\_  
Date