

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90259 001 ***158.75



DOCUMENT # J58096
 1. Entity Name
PARRAMORE'S CAMP, INC.

Principal Place of Business Mailing Address
1675 S MOON ROAD **1675 S MOON ROAD**
ASTOR FL 32102 **ASTOR FL 32102**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **P.O. Box 39**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Astor, FL **Astor, FL**
 Zip Country Zip Country
32102 **USA** **32102** **USA**

1st MOORE **CR2E034 (10/05)**

4. FEI Number Applied For
59-2781877 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
CUNNINGHAM, REVA D
1675 S MOON RD
ASTOR FL 32102

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1747 S. MOON RD
 City State Zip Code
Astor **FL** **32102**

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 reconstituting) _____ 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. **Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CUNNINGHAM, REVA D 1675 S MOON ROAD ASTOR FL 32102	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CUNNINGHAM, REVA D 1675 S MOON RD ASTOR FL 32102	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 39 Astor, FL 32102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 39 Astor FL 32102	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

SIGNATURE: *Reva D. Cunningham* Date: 3/17/06 Daytime Phone #: 386-749-2721