2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 12, 2005 08:00 AM DOCUMENT # 438192 **Secretary of State** 1. Entity Name PARKER, MEL REALTY, INC. Mailing Address Principal Place of Business _ 965A DENTON BLVD. 965A DENTON BLVD. FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1497437 Not Applicable 7in Country \$8.75 Additional Zip Country Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARKER, (MELTON S.) 965 N. DENTON BLVD. Street Address (P.O. Box Number is Not Acceptable) FT. WALTON BEACH FL 32547 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition TITLE PD Delete III E PARKER, MELTON S U00000226760 02/12/05-80029-003 150.00 NAME NAME STREET ADDRESS 965 DENTON BLVD STREET ADDRESS FT, WALTON BCH FL CITY-ST-AP CITY-ST-ZIP Change Addition TITLE Delete TOTAL NAME PARKER, MELTON S STREET ADDRESS STREET ADDRESS 965 A DENTON BLVD CITY-ST-ZIP FT WALTON BCH, FL 00000 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change ☐ Addition HILE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify 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 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 attach programment of the corporation of 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

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