


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90044 010 ****70.00

DOCUMENT # 736167		
1. Entity Name PARC HOUSING, INC.		

Principal Place of Business 3190 75TH STREET NORTH ST. PETERSBURG, FL 33710	Mailing Address 3190 TYRONE BLVD NORTH ST. PETERSBURG, FL 33710 US
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60013467

2. Principal Place of Business	3. Mailing Address	01112006 Chg-NP CR2E037 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-1700361
Zip	Country	Applied For Not Applicable
		5. Certificate of Status Desired KX \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
THOMAS, CURTIS D 3190 TYRONE BLVD NORTH ST. PETERSBURG, FL 33710		Name BUCHHOLTZ, SUSAN M.	
		Street Address (P.O. Box Number is Not Acceptable)	
		3190 TYRONE BLVD NORTH	
		City	Zip Code
		ST. PETERSBURG	FL 33710

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: Susan M. Buchholtz **Susan M. Buchholtz, President PARC** 1/13/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, CURTIS D 3190 TYRONE BLVD NORTH ST. PETERSBURG, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCHHOLTZ, SUSAN M. 3190 TYRONE BLVD NORTH ST. PETERSBURG, FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, BRUCE 7425 WATERSILK DR. PINELLAS PARK, FL 34666 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILKINGTON, DAVID 11701 BELCHER RD. STE 104 LARGO, FL 33643 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANSON, ERIC ONE PROGRESS PLAZA, STE 165] ST. PETERSBURG, FL 33701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUNZAK, DAVID ONE PROGRESS PLAZA, 20TH FLOOR SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPRADE, MARK 11 PARADISE LANE TREASURE ISLAND, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, PHILIP 262 4TH AVENUE NORTH SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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 titles empowered.

SIGNATURE: Theresa Hohman **(727) 345-9111**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Theresa Hohman, Director of Accounting