

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000004572

1. Entity Name
PARKEON, INC.



Principal Place of Business
**40 TWOSOME DRIVE
UNIT 7
MOORESTOWN, NJ 08057**

Mailing Address
**40 TWOSOME DRIVE
UNIT 7
MOORESTOWN, NJ 08057**



04042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0778174	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**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 _____
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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCBP
NAME	CHAMBEAU, YVES
STREET ADDRESS	401 TWOSOME DRIVE, UNIT 7
CITY-ST-ZIP	MOORESTOWN, NJ 08057

TITLE	DS
NAME	LINDEMAN, HAN
STREET ADDRESS	40 TWOSOME DRIVE, UNIT 7
CITY-ST-ZIP	MOORESTOWN, NJ 08057

TITLE	DT
NAME	BARNES, ROBERT
STREET ADDRESS	40 TWOSOME DRIVE
CITY-ST-ZIP	MOORESTOWN, NJ 08057

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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04/28/06-80065-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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 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:

Terence Laucelli

4/4/06

856-234-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #