


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 08:00 AM
Secretary of State


DOCUMENT # V12789
 1. Entity Name
PARKER/BILLINGS REAL ESTATE, INC.



Principal Place of Business
6500 WEST COLONIAL DRIVE
ORLANDO, FL 32818

Mailing Address
6500 WEST COLONIAL DRIVE
ORLANDO, FL 32818

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3107059	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, JANET R
17547 COTTAGE COURT
KILLARNEY, FL 34740

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DANIELS, NANCY D 1023 ROYAL VIEW CIR. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PARKER, CARL H 1478 MAGELLAN CIRCLE ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BILLINGS, LOUISE H 3813 WESTERHAM DR CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000173760
 01/07/05-80030-024 150.00

DO NOT WRITE IN THIS SPACE

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 attachment with an address, with all other like empowered.

SIGNATURE: *Nancy D. Daniels* **Nancy D. Daniels** *1/3/05* *407-299-9296*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #