

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3107059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, JANET R
17547 COTTAGE COURT
KILLARNEY FL 34740

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DST ☐ Delete
NAME DANIELS, NANCY D
STREET ADDRESS 1023 ROYAL VIEW CIR.
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE DP ☐ Delete
NAME PARKER, CARL H
STREET ADDRESS 1478 MAGELLAN CIRCLE
CITY-ST-ZIP ORLANDO FL 32818

TITLE DV ☐ Delete
NAME BILLINGS, LOUISE H
STREET ADDRESS 3813 WESTERHAM DR
CITY-ST-ZIP CLERMONT FL 34711

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200027769442
01/29/04--01026--016 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Janet R. Williams Janet R. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
04 JAN 27 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E034 (11/03)