

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 253082

Entity Name: PARK CENTER INC

FILED
Jan 26, 2007
Secretary of State

Current Principal Place of Business:

EDWARD FRANK ROEHRICH
556 NORTHLAKE BLVD.
LAKE PARK, FL 33408

New Principal Place of Business:

Current Mailing Address:

EDWARD FRANK ROEHRICH
556 NORTHLAKE BLVD.
LAKE PARK, FL 33408

New Mailing Address:

FEI Number: 59-0947285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROEHRICH,E F
556 NORTHLAKE BLVD.
LAKE PARK, FL 33408 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROEHRICH,E F,
Address: 8291 SE ANGELINA COURT
City-St-Zip: HOBE SOUND, FL 33455

Title: VP () Delete
Name: ROEHRICH, DIANNE K
Address: 8291 SE ANGELINA COURT
City-St-Zip: HOBE SOUND, FL 33455

Title: T () Delete
Name: ASKEW, SHARON R
Address: 15901 129TH PLACE NORTH
City-St-Zip: JUPITER, FL 33478

Title: S () Delete
Name: SCOTT, MARGARET A
Address: 8551 SOUNDINGS PLACE
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET A. SCOTT

SECT

01/26/2007

Electronic Signature of Signing Officer or Director

_____ Date