2007 FOR PROFIT CORPORATION -**ANNUAL REPORT**

DOCUMENT # 549375

1. Entity Name

JERRY L. PARKER AGENCY, INC.



FILED Apr 27, 2007 08:00 Al Secretary of State

Principal Place of Business

301-N. FERDON BLVD.

P.O. BOX 1325 CRESTVIEW, FL 32536 'Mailing Address

301 N. FERDON BLVD. P.O. BOX 1325 CRESTVIEW, FL 32536



04202007 DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1787952 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, JERRY L.

DO NOT WRITE

CRESTVIEW, FL 32536				IN THIS SPACE		
the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its regis	L stered office or re	egistered agent, or both.	in the State of Florida. I am famil	iar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and bile	l applicable (NOTE: Regi	stered Agent signature	required when reinstaling)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS			•	,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, JERRY L. 301 N. FERDON BLVD. CRESTVIEW, FL				,,00000073676	9 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PARKER, PATRICIA E. 301 N. FERDON BLVD. CRESTVIEW, FL				05/11/07-80001	-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARKER, JERRY L., JR. 301 NORTH FERDON BLVD. CRESTVIEW, FL			. DO 1	NOT WRITE	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	HIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						(*************************************
TITLE						

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplier entail 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 of 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

STREET ADDRESS CITY-ST-ZIP

April 23, 2007

850 682 5222

Daytime Phone #