

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90337 002 ***150.00

DOCUMENT # H92840	
1. Entity Name PARKER POOLS AND CONSTRUCTION COMPANY INC.	

Principal Place of Business 904 JAMES LEE BLVD. W CRESTVIEW FL 32536 US	Mailing Address PO BOX 1344 CRESTVIEW FL 32536-1344 US
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20048599



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/04)

City & State	City & State	4. FEI Number 59-2669243	Applied For ☐ Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent PARKER JR., SIMON THOMAS 904 JAMES LEE BLVD., WEST CRESTVIEW FL 32536	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
☐ Delete NAME: PARKER SIMON THOMAS STREET ADDRESS: PO BOX 1344 CITY-ST-ZIP: CRESTVIEW, FL 32536	☐ Change ☐ Addition	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
☐ Delete NAME: PARKER, KARA PRICE STREET ADDRESS: PO BOX 1344 CITY-ST-ZIP: CRESTVIEW FL 32536	☐ Change ☐ Addition	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition
☐ Delete	☐ Change ☐ Addition	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	☐ Change ☐ Addition

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: <i>Simon Thomas Parker</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	President 22Apr05 850-682-7384 Date Daytime Phone #
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