



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90064 032 ***158.75

DOCUMENT # F03000004523 1. Entity Name FLORIDA PARKS, INC.					
Principal Place of Business 3 HOUSTON STREET COTTONWOOD, AL 36320			Mailing Address 6700 OAK SHORE DRIVE SUITE 204 PANAMA CITY, FL 32404		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 606 Suite, Apt. #, etc.			
City & State Cottonwood AL		City & State Cottonwood AL		4. FEI Number 63-1264008	
Zip 36320		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONK, DAVID ROBERT 6700 OAK SHORE DRIVE SUITE 204 PANAMA CITY, FL 32404				7. Name and Address of New Registered Agent Name MONK, DAVID Street Address (P.O.-Box Number is Not Acceptable) 115 North Fox Ave City PANAMA CITY FL 32404	
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 DAVID MONK DATE 4-23-04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD MONK, DAVID <input checked="" type="checkbox"/> Delete 6700 OAK SHORE DRIVE SUITE 204 PANAMA CITY, FL 32404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD DAVID MONK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 115 North Fox Ave PANAMA CITY FL 32404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MONK, SIDNEY <input type="checkbox"/> Delete 1 HOUSTON STREET COTTONWOOD, AL 36320		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONK, BOBBY <input type="checkbox"/> Delete 5 HOUSTON STREET COTTONWOOD, AL 36320		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONK, JEFF <input type="checkbox"/> Delete 3 HOUSTON STREET COTTONWOOD, AL 36320		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: DAVID MONK			DATE: 4-23-04 DAYTIME PHONE: 850-527-9475		