2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

AGNATURE AND TYPED OR PRINTED NAME OF SIGNAL OFFICER OR DIRECTOR

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # F06573 1. Entity Name 04-25-2005 90224 038 ***150.00 PAL PARKER AND SONS, INC. Principal Place of Business Mailing Address 2284 S-A1A HWY PO BOX 218 2284 S A1A 1 WY PO BOX 218 FLAGLER BCH FL 32136-4021 FLAGLER BCH FL 32136-4021 2. Principal Place of Business 3. Mailing Address 209 N. DAYTONA AVE. PO BOX 218 Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2061415 FLAGLER BEACH, FLORIDA FLAGLER_BEACH, FLORIDA Not Applicable Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 32136 U.S.A. Fee Required 32136-0218 U.S.A. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKER, P.L. J Street Address (P.O. Box Number is Not Acceptable) -2284 S. OCEANSHORE BLVD. 209 N. DAYTONA AVE. DAYTONA BEACH, FLORIDA FLAGLER BEACH FL 32136 City FLAGLER BEACH 32136 nent for the purp se of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity subpairs this states the obligations of registered agent SIGNATURE. applicable (NOTE, Registered Agent signature require FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition PARKER, PAL, JR. NAME NAME STREET ADDRESS 2284 OCEANSHORE BLVD. STREET ADDRESS 209 N. DAYTONA AVENUE FLAGLER BEACH FL CITY-ST-7IP CITY-ST-ZIP FLAGLER BEACH, FL 32136 STD TITLE ☐ Delete THTLE Change ☐ Addition KORBACH, L. LOREN NAME NAME 2284 S. OCEANSHORE BOULEVARD STREET ADDRESS STREET ADDRESS 209 N. DAYTONA AVENUE CITY-ST-7IP FLAGLER BEACH FL - ... CITY-ST-ZIP FLAGLER BEACH, FL 32136 TITLE ☐ Delete THEF ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP THE ☐ Delete Addition NAME NAME STREET ADDRESS 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 possignature 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. 4/14/2005 386 439-2073

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