

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G22600

FILED
Mar 24, 2009
Secretary of State

Entity Name: PARLIN PROPERTIES & DEVELOPMENT, INC.

Current Principal Place of Business:

139 LONG POINT DRIVE
AMELIA ISLAND, FL 32034

New Principal Place of Business:

Current Mailing Address:

PO BOX 768
FERNANDINA BEACH, FL 32035

New Mailing Address:

42 BRIANS WAY
NORRIDGEWOCK, ME 04957

FEI Number: 59-2253862

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KRUSE, STEPHAN L
139 LONG POINT DRIVE
AMELIA ISLAND, FL 32034 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: KRUSE, STEPHAN L
Address: PO BOX 768
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: DVST () Delete
Name: KRUSE, JACQUELYN A
Address: PO BOX 768
City-St-Zip: FERNANDINA BEACH, FL 32035

Title: D () Delete
Name: KRUSE, STEPHAN L JR.
Address: 42 BRIANS WAY
City-St-Zip: NORRIDGEWOCK, ME 04957

Title: D () Delete
Name: KRUSE, CHRISTOPHER L
Address: 531 NW 42 AVE
City-St-Zip: COCONUT CREEK, FL 33066

Title: D () Delete
Name: KRUSE, ELIZABETH F
Address: 42 BRIANS WAY
City-St-Zip: NORRIDGEWOCK, ME 04957

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: D (X) Change () Addition
Name: KRUSE, CHRISTOPHER L
Address: 193 ROWE RD
City-St-Zip: SKOWHEGAN, ME 04976

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

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH KRUSE

D

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date