

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # G74344

1. Entity Name
JACK PARKER SOUTHEAST CONSTRUCTION, INC.



Principal Place of Business
**9001 DANIELS PKWY
SUITE 200
FORT MYERS, FL 33912**

Mailing Address
**9001 DANIELS PKWY
SUITE 200
FORT MYERS, FL 33912**



02062006 No Chg-P CR2EQ34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2388563

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ANDREWS SERVICES CORPORATION OF FLORIDA
201 N FRANKLIN STREET, STE 2100
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARKER, JACK
STREET ADDRESS	2800 S. OCEAN BLVD.
CITY-STATE-ZIP	BOCA RATON, FL 33432
TITLE	V3
NAME	CRIMMINS, DUSTIN
STREET ADDRESS	9001 DANIELS PKWY SUITE 200
CITY-STATE-ZIP	FORT MYERS, FL 33912
TITLE	D
NAME	GLICK, ADAM
STREET ADDRESS	1700 BROADWAY, 34TH FLOOR
CITY-STATE-ZIP	NEW YORK, NY 10010
TITLE	V
NAME	GULLO, VINCENT
STREET ADDRESS	9001 DANIELS PKWY SUITE 200
CITY-STATE-ZIP	FORT MYERS, FL 33912
TITLE	VTS
NAME	KNIZNER, DAVID
STREET ADDRESS	9001 DANIELS PKWY, SUITE 200
CITY-STATE-ZIP	FORT MYERS, FL 33912
TITLE	DP
NAME	REISMAN, JOHN
STREET ADDRESS	9001 DANIELS PKWY SUITE 200
CITY-STATE-ZIP	FORT MYERS, FL 33912

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03/15/06-00036-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID KNIZNER

2/6/06

Date

239.401.5090

Daytime Phone #