

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G77185

Entity Name: PARAKEET PARK, INC.

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

2400 PARAKEET PARK BLVD
POLK, FL 338596436 US

New Principal Place of Business:

2400 PARAKEET PARK BLVD
LAKE WALES, FL 338596436 US

Current Mailing Address:

2400 PARAKEET PARK BLVD
LAKE WALES, FL 338596436 US

New Mailing Address:

FEI Number: 59-2352784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MYERS, C.B.
130 EAST CENTRAL AVENUE
LAKE WALES, FL 33853 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: PVTs () Delete
Name: HENRY, BARBARA JEANN, E
Address: 2400 PARAKEET PARK BLVD
City-St-Zip: LAKE WALES, FL 338596436

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MANA () Change (X) Addition
Name: HENRY, MICHAEL J MANAGER
Address: 2400 PARAKEET PARK BLVD
City-St-Zip: LAKE WALES, FL 338596436

Title: ASTM () Change (X) Addition
Name: HENRY, LYNN M AST MAN
Address: 2400 PARAKEET PARK BLVD
City-St-Zip: LAKE WALES, FL 338596436

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: LYNN M HENRY, ASSISTANT MANAGER

ASTM

01/15/2009

Electronic Signature of Signing Officer or Director

Date