

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90012 016 \*\*\*150.00

**DOCUMENT # H89605**

1. Entity Name

PARKHILL, INC.



Principal Place of Business

% CURTIS GEHLING  
10101 BURNT STORE RD #300  
PUNTA GORDA FL 33950

Mailing Address

% CURTIS GEHLING  
10101 BURNT STORE RD #300  
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-2642868**

Applied For  
Not Applicable

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



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

RASMUSSEN, LEO  
10101 BURNT STORE ROAD #300  
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RASMUSSEN, LEO	
STREET ADDRESS	10101 BURNT STORE ROAD #18	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LINDSTROM, THEODORE	
STREET ADDRESS	10101 BURNT STORE ROAD 318	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GRAHAM, JACK	
STREET ADDRESS	2932 MCKOON AVE	
CITY-ST-ZIP	NIAGARA FALLS NY 14305	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	BERNARD, PHIL	
STREET ADDRESS	10101 BURNT STORE RD., #16A	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	GEHLING, CURT	<input type="checkbox"/> Delete
NAME	GEHLING, CURT	
STREET ADDRESS	10101 BURNT STORE ROAD, #6	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	ATD	<input type="checkbox"/> Delete
NAME	NOBLE, JOHN	
STREET ADDRESS	10101 BURNT STORE RD., #44	
CITY-ST-ZIP	PUNTA GORDA FL 33950	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cronin, Dave	
STREET ADDRESS	10101 Burnt Store Rd #105	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	Asst Trea	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gehling, Curt	
STREET ADDRESS	10101 Burnt Store Rd #6	
CITY-ST-ZIP	Punta Gorda, FL 33950	

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:**

Leo Rasmussen, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-04

941-639-1958