


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90015 001 ***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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

4. FEI Number 59-2642868		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LINDSTROM, THEODORE G 10101 BURNT STORE ROAD #300 PUNTA GORDA FL 33950		Name MARY LOU RASMUSSEN	
		Street Address (P.O. Box Number is Not Acceptable) 10101 Burnt Store Rd.	
		#18	
		City Punta Gorda	FL Zip Code 33950

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 Mary Lou Rasmussen
Signature, typed or printed name of Registered Agent, and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	SEC	<input checked="" type="checkbox"/> Delete		TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RASMUSSEN, MARY			NAME	Rasmussen, Mary		
STREET ADDRESS	10101 BURNT STORE ROAD #18			STREET ADDRESS	10101 Burnt Store Rd #18		
CITY - ST - ZIP	PUNTA GORDA FL 33950			CITY - ST - ZIP	Punta Gorda, FL 33950		
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	SECRETARY, Theodore	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LINDSTROM, THEODORE			NAME	Lindstrom, Theodore		
STREET ADDRESS	10101 BURNT STORE ROAD 318			STREET ADDRESS	10101 Burnt Store Rd #20		
CITY - ST - ZIP	PUNTA GORDA FL 33950			CITY - ST - ZIP	Punta Gorda, FL 33950		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERRIAM, FREMONT			NAME			
STREET ADDRESS	10101 BURNT STORE RD #95			STREET ADDRESS			
CITY - ST - ZIP	PUNTA GORDA FL 33950			CITY - ST - ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OWENS, CHARLES			NAME			
STREET ADDRESS	10101 BURNT STORE RD. #10A			STREET ADDRESS			
CITY - ST - ZIP	PUNTA GORDA FL 33950			CITY - ST - ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRONIN, DAVE			NAME			
STREET ADDRESS	10101 BURNT STORE RD #105			STREET ADDRESS			
CITY - ST - ZIP	PUNTA GORDA FL 33950			CITY - ST - ZIP			
TITLE	ATD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEHLING, CURT			NAME			
STREET ADDRESS	10101 BURNT STORE RD #6			STREET ADDRESS			
CITY - ST - ZIP	PUNTA GORDA FL 33950			CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mary Lou Rasmussen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #