

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89605

Entity Name: PARKHILL, INC.

FILED
Mar 19, 2008
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2642868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RASMUSSEN, MARY LOU
10101 BURNT STORE ROAD
#18
PUNTA GORDA, FL 33950 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: P () Delete
Name: RASMUSSEN, MARY
Address: 10101 BURNT STORE ROAD #18
City-St-Zip: PUNTA GORDA, FL 33950

Title: S () Delete
Name: LINDSTROM, THEODORE
Address: 10101 BURNT STORE RD #20
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: MERRIAM, FREMONT
Address: 10101 BURNT STORE RD #95
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP () Delete
Name: OWENS, CHARLES
Address: 10101 BURNT STORE RD. #10A
City-St-Zip: PUNTA GORDA, FL 33950

Title: T () Delete
Name: CRONIN, DAVE
Address: 10101 BURNT STORE RD #105
City-St-Zip: PUNTA GORDA, FL 33950

Title: ATD () Delete
Name: GEHLING, CURT
Address: 10101 BURNT STORE RD #6
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: PARENT, ERNIE
Address: 10101 BRUNT STORE RD #89
City-St-Zip: PUNTA GORDA, FL 33950

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

Title: VP (X) Change () Addition
Name: MURPHY, BOB
Address: 10101 BURNT STORE RD #30
City-St-Zip: PUNTA GORDA, FL 33950

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

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: MARY LOU RASMUSSEN

PRES

03/19/2008

Electronic Signature of Signing Officer or Director

Date