

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90188 018 ***150.00

DOCUMENT # J34052

1. Entity Name
PARKES SERVICES, INC.



Principal Place of Business
740 LANTANA AVE.
CLEARWATER, FL 33767

Mailing Address
P.O. BOX 7507
CLEARWATER, FL 33758

50001439



2. Principal Place of Business

695 SNUG ISLAND

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122006

Chg-P

CR2E034 (11/05)

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

4. FEI Number

59-2772946

Applied For

Not Applicable

Zip

33767

Country

PINELLAS

Zip

33767

Country

FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKES, MICHAEL
740 LANTANA AVE
CLEARWATER, FL 33767

7. Name and Address of New Registered Agent

Name

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

695 SNUG ISLAND

City CLEARWATER

FL

Zip Code

33767

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 DP
NAME PARKES, MICHAEL
STREET ADDRESS 740 LANTANA AVE
CITY-ST-ZIP CLEARWATER, FL 33767

Delete

TITLE S
NAME PARKES, MICHELLE
STREET ADDRESS 740 LANTANA AVE.
CITY-ST-ZIP CLEARWATER, FL 33767

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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

MICHAEL PARKES

Date

2/23/06

Daytime Phone #