


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # K58818
1. Entity Name
BARRY PARKER PLUMBING, INC.



Principal Place of Business _____ Mailing Address _____
7107 BEACH BLVD 7107 BEACH BLVD
JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number **59-2923468** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent
PARKER, BARRY E.
1119 LIDO ROAD
JACKSONVILLE, FL 32216

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	PARKER, ALICE
STREET ADDRESS	1119 LIDO RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32216
TITLE	TS
NAME	TESEN, SANDRA
STREET ADDRESS	10995 BUGGY WHIP DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32557
TITLE	P
NAME	PARKER, BARRY E.
STREET ADDRESS	1119 LIDO ROAD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000291850
04/07/05-80046-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Barry E. Parker* **4-5-05 904-722-2145**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #