

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # K58818 1. Entity Name BARRY PARKER PLUMBING, INC.			
Principal Place of Business 7107 BEACH BLVD JACKSONVILLE, FL 32216		Mailing Address 7107 BEACH BLVD JACKSONVILLE, FL 32216	
DO NOT WRITE IN THIS SPACE			
		01192006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2923468	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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE 000000463934 03/21/06-80095-021 150.00	
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 32257		
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			
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:  3-8-06		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			