


**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90176 032 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

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



|  |  |
|--|--|
| Principal Place of Business<br>7107 BEACH BLVD<br>JACKSONVILLE, FL 32216 | Mailing Address<br>7107 BEACH BLVD<br>JACKSONVILLE, FL 32216 |
|--|--|

**66013135**



02132007 No Chg-P CR2E034 (11/05)

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|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2923468 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>PARKER, ALICE<br>1119 LIDO RD.<br>JACKSONVILLE, FL 32216        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TS<br>TESEN, SANDRA<br>10995 BUGGY WHIP DR.<br>JACKSONVILLE, FL 32557 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PARKER, BARRY E.<br>1119 LIDO ROAD<br>JACKSONVILLE, FL           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
 IN THIS SPACE**

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 empowerment.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07 904 222-2145  
 Date Continue Page 2