

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # K76298

1. Entity Name
PARKER ISLAND BULB COMPANY, INC.



Principal Place of Business
**1366 CR 29
LAKE PLACID, FL 33852 US**

Mailing Address
**1366 CR 29
LAKE PLACID, FL 33852 US**



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2936517 Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HENDRY, CHRISTOPHER A.
1370 C.R. 29
LAKE PLACID, FL 33852**

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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	PD
NAME	HENDRY, CHRISTOPHER A.
STREET ADDRESS	1370 C.R. 29
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	VST
NAME	HENDRY, LYNN R.
STREET ADDRESS	1370 C.R. 29
CITY-ST-ZIP	LAKE PLACID, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000402910
02/03/06-80026-015 150.00

**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 empowered.

SIGNATURE *Christopher A. Hendry*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1-25-06 863-465 2580
Date Daytime Phone #