

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90007 025 ***150.00

DOCUMENT # L41246 1. Entity Name SCOTT B. PARKS, P.A.					
Principal Place of Business 233 EAST BAY STREET SUITE 901 JACKSONVILLE, FL 32202			Mailing Address 233 EAST BAY STREET SUITE 901 JACKSONVILLE, FL 32202		
2. Principal Place of Business 60 Ocean Blvd Suite, Apt. #, etc. Ste # 4		3. Mailing Address 60 Ocean Blvd Suite, Apt. #, etc. Ste # 4			
City & State Atlantic Beach, FL Zip 32233		City & State Atlantic Beach, FL Zip 32233		4. FEI Number 59-2984375	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PARKS, SCOTT B P.A. 233 EAST BAY STREET SUITE 901 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Scott B Parks PA Street Address (P.O. Box Number is Not Acceptable) 60 Ocean Blvd., Ste # 4 City Atlantic Beach FL Zip Code 32233	
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  Scott B Parks DATE 5-26-05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. <input checked="" type="checkbox"/>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, SCOTT B. 309 N. ROSCOE BLVD. PONTE VEDRA BCH., FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Scott B Parks / President Date 5-26-05 Daytime Phone # 904-353-1111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					