


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # L50655	
1. Entity Name RANDALL M. PARKER, INC.	

Principal Place of Business 3700 CREIGHTON RD #10 PENSACOLA, FL 32504 US	Mailing Address P.O. BOX 1103 PENSACOLA, FL 32595
---	---

2. Principal Place of Business 3740 Hidden Oak Dr. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 30042 Suite, Apt. #, etc.
--	---

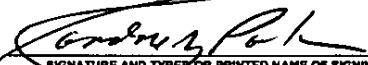
City & State PENSACOLA, FL	City & State PENSACOLA, FLORIDA
Zip 32504	Country ESC
Zip 32503-1042	Country ESC.

6. Name and Address of Current Registered Agent  PARKER, RANDALL M. 3700 CREIGHTON ROAD #10 PENSACOLA, FL 32504	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--

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:  RANDALL M. PARKER	DATE: 5/23/06

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, RANDALL M 4711 SOULE PLACE GULF BREEZE, FL 32563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, RANDALL M. 3740 Hidden Oak Drive PENSACOLA, FL 32504 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900076161719 06/14/06--01004--009 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 6/24/06 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	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 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:  RANDALL M. PARKER	DATE: 5/23/06 (850) 474-1398

FILED  
06 MAY 25 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05172006 REIN-P CR2E098 (11/05)

4. FEI Number 59-2999673	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------