

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L62500

FILED
Apr 14, 2005
Secretary of State

Entity Name: PARKS INSURANCE CORPORATION

Current Principal Place of Business:

901 SW 60TH AVE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 770788
OCALA, FL 34477 US

New Mailing Address:

FEI Number: 59-3003963 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARKS, JERRY W.
901 SW 60TH AVENUE
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PARKS, JERRY W.,
Address: 709 SE 15TH AVE
City-St-Zip: Ocala, FL

Title: VD () Delete
Name: O'ROURKE, EDWARD H., SR
Address: 282 SE 50TH AVE
City-St-Zip: Ocala, FL

Title: SDT () Delete
Name: PALMER, MARGARET,
Address: 709 SE 15TH AVE
City-St-Zip: Ocala, FL

Title: D () Delete
Name: O'FARRELL, J MICHAEL, JR
Address: 4400 SW 27TH AVE
City-St-Zip: Ocala, FL

Title: D () Delete
Name: ALEXANDER, DUNCAN,
Address: 200 S FOURTH ST
City-St-Zip: GENEVA, IL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PARKS, JERRY W.,
Address: 2010 SW 43RD PLACE
City-St-Zip: Ocala, FL 34474

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY W. PARKS

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

_____ Date