

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L62500

FILED  
Mar 22, 2011  
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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PARKS, JERRY W.  
Address: 901 SW 60TH AVENUE  
City-St-Zip: Ocala, FL 34474

Title: V  
Name: O'ROURKE, EDWARD H, SR  
Address: 4415 SW 58TH COURT  
City-St-Zip: Ocala, FL 34474

Title: S  
Name: O'ROURKE, JUDY L.  
Address: 4415 SW 58TH COURT  
City-St-Zip: Ocala, FL 34474

I hereby 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 all other like empowered.

SIGNATURE: JERRY W. PARKS

PRES

03/22/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date