## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L84356

PARKER, JAMEY R

HUDSON, FL 34667

14416 PIMBERTON DR

Name:

Address:

City-St-Zip:

Entity Name: J. D. PARKER & SONS CO., INC.

FILED Feb 29, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
6724 US HI NEW POR	WY 19 T RICHEY, FL	34652	US			
Current Mailing Address:				New Mailing Address:		
	ICE BOX 997 T RICHEY, FL	34656	US			
FEI Number:	59-3018080	FEI Numb	er Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
8815 GRÉE PORT RICH	HEY, FL 3466	88 US	s statement for the i	ournose of changing its registered	d office or registered agent, or both,	
in the State		oubillito tillo	statement for the p	ourpose of changing its registered	d office of registered agent, or both,	
SIGNATUR	E:					
	Electror	nic Signatur	e of Registered Ag	ent	Date	
Election Cam	paign Financin	g Trust Fund	Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD ( PARKER, J. DA 8815 GREENL PORT RICHEY	EAF CT		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD ( PARKER, DON 8815 GREENL PORT RICHEY	EF CT		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( PARKER, JON 4711 DUMONT NEW PORT RIG	ST	653	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	VD (	) Delete		Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: DONNA M. PARKER SD 02/29/2008