

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004945

Entity Name: DOC PARKER'S MEDICINE SHOW,INC.

FILED  
Jan 23, 2004  
Secretary of State

**Current Principal Place of Business:**

119 S. ADAMS ST.  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

119 S. ADAMS ST.  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

FEI Number: 59-3663197

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARKER, WILLIAM M  
119 S. ADAMS ST.  
DAYTONA BEACH, FL 32114

**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: VPD ( ) Delete  
Name: BRATTY, R BRUCE  
Address: 1 SMITH STREET COURT  
City-St-Zip: DELAND, FL 32724

Title: SD ( ) Delete  
Name: PARKER, DARLENE H  
Address: 324 COTTRILL AVENUE  
City-St-Zip: DAYTONA BEACH, FL 321142606

Title: TD ( ) Delete  
Name: MORRISEY, DAN  
Address: 4536 S MOON TRAIL  
City-St-Zip: PORT ORANGE, FL 32119

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARLENE H. PARKER

SD

01/23/2004

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

\_\_\_\_\_  
Date