


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90390 003 \*\*\*150.00

<b>DOCUMENT # P00000042539</b> 1. Entity Name <b>PARKER ESTERO ONE, INC.</b>			
Principal Place of Business <b>9400 GLADIOLUS DR., STE. 250 FT. MYERS, FL 33908</b>		Mailing Address <b>9400 GLADIOLUS DR., STE. 250 FT. MYERS, FL 33908</b>	
2. Principal Place of Business <b>9001 DANIELS PARKWAY</b> Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>FOYLT MYERS, FL</b> Zip <b>33912</b>		3. Mailing Address <b>9001 DANIELS PARKWAY</b> Suite, Apt. #, etc. <b>SUITE 200</b> City & State <b>FOYLT MYERS, FL</b> Zip <b>33912</b>	
02232004 Chg-P CR2E034 (10/03)		4. FEI Number <b>65-1003040</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN ST. SUITE 2100 TAMPA, FL 33602</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GLICK, ADAM</b> <b>9400 GLADIOLUS DR., STE. 250</b> <b>FT. MYERS, FL 33908</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9001 DANIELS PARKWAY SUITE 200</b> <b>FOYLT MYERS, FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>REISMAN, JOHN</b> <b>9400 GLADIOLUS DR., STE. 250</b> <b>FT. MYERS, FL 33908</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9001 DANIELS PARKWAY SUITE 200</b> <b>FOYLT MYERS, FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GULLO, VINCENT</b> <b>9400 GLADIOLUS DRIVE SUITE 250</b> <b>FORT MYERS, FL 33912</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9001 DANIELS PARKWAY SUITE 200</b> <b>FOYLT MYERS, FL 33912</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTS</b> <b>KNIZNER, DAVID</b> <b>9400 GLADIOLUS DRIVE</b> <b>FORT MYERS, FL 33912</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>9001 DANIELS PARKWAY SUITE 200</b> <b>FOYLT MYERS, FL 33912</b>
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 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 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.			
<b>SIGNATURE:</b> _____		<b>DAVID KNIZNER</b> <b>3/28/04</b> <b>239.901.5050</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	