


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90150 034 ***150.00

DOCUMENT # P00000042540 1. Entity Name PARKER ESTERO TWO, INC.	
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Principal Place of Business 9001 DANIELS PARKWAY STE 200 FORT MYERS, FL 33912	Mailing Address 9001 DANIELS PARKWAY STE 200 FORT MYERS, FL 33912
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DO NOT WRITE IN THIS SPACE



04052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1003042	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANDREW SERVICE CORPORATION OF FLORIDA
201 N. FRANKLIN ST., STE. 2100
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLICK, ADAM 9001 DANIELS PARKWAY STE 200 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP REISMAN, JOHN 9001 DANIELS PARKWAY STE 200 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GULLO, VINCENT 9001 DANIELS PARKWAY STE 200 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTS KNIZNER, DAVID 9001 DANIELS PARKWAY STE 200 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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.

SIGNATURE:  **DAVE KNIZNER** **4/8/05** **239.481.5040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #