
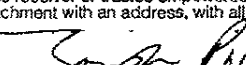


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 16, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P00000047048</b> 1. Entity Name <b>PARKER BROTHERS CONSTRUCTION, INC.</b>		
Principal Place of Business <b>5286 MALLARD RD MIDDLEBURG, FL 32068</b>	Mailing Address <b>5286 MALLARD ROAD MIDDLEBURG, FL 32068</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>PARKER, JOSEPH W 5286 MALLARD ROAD MIDDLEBURG, FL 32068</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>000000586533 01/16/07-80054-020 150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
D PARKER, JOSEPH D 5286 MALLARD ROAD MIDDLEBURG, FL 32068		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
D PARKER, ROBERT A 5286 MALLARD ROAD MIDDLEBURG, FL 32068		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>1-8-07</b> Daytime Phone # <b>904-626-6057</b>