

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90031 023 ***150.00

DOCUMENT # P01000025191 1. Entity Name A.B. PARKER & ASSOCIATES, INC.					
Principal Place of Business 8136 CLOVERGLEN CIRCLE ORLANDO, FL 32818				Mailing Address 8136 CLOVERGLEN CIRCLE ORLANDO, FL 32818	
2. Principal Place of Business 9115 Lake Fischer Blvd.		3. Mailing Address 9115 Lake Fischer Blvd.		54005527	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02032004 Chg-P CR2E034 (10/03)	
City & State Gotha, FL		City & State Gotha, FL		4. FEI Number 59-3719349	
Zip 34734		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, MONIQUE M 1302 E ROBINSON ST ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name PARKER, A. BRIAN Street Address (P.O. Box Number is Not Acceptable) 9115 LAKE FISCHER BLVD. City GOtha FL Zip Code 34734	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, A BRIAN 8136 CLOVERGLEN CIRCLE ORLANDO, FL 32818 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 9115 Lake Fischer Blvd. Gotha, FL 34734	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.					
SIGNATURE: Alex Brian Parker SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/19/04 Date		407-578-2284 Daytime Phone #