2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000038806

PARKER HEALTHCARE PRODUCTS, INC.



Principal Place of Business

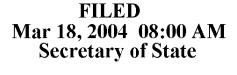
105 S RIVERSIDE DRIVE

UNIT 121 INDIALANTIC, FL 32903 Mailing Address

105 S RIVERSIDE DRIVE

UNIT 121

INDIALANTIC, FL 32903





03162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3713490

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, SHAWN

1905 C. MUNICIPAL LANE MELBOURNE, FL 32901				IN THIS SPACE		
	ions of registered agent		tered office or re	egistered agent, or bo	ith, in the State of Florida. I am familiar with, and accept	
3/GIVATURE	Signature, typed or printed name of registered agent and title it	t applicable (NOTE, Regis	terad 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 \$5.80 May Be Trust Fund Contribution		\$5.00 May Be Added to Fees	000000091599 03/18/04-80015-023 150.00	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, SHAWN 1903 S. ATLANTIC ST., UNIT 212 MELBOURNE BCH, FL 32951					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					<u>—</u> .	
TITLE NAME STREET ADDRESS					_	

for 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 identified the port 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 if or thistee empowered execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if with spirit gather like empowered. I hereby certify that the informatio indicated on this report or supple of the corporation or the changed, or on an attack

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR