


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000121690</b>	
1. Entity Name <b>PARKER TRUCK &amp; TIRE, INC.</b>	

Principal Place of Business <b>9290 NE SR 24 BRONSON, FL 32621</b>	Mailing Address <b>PO BOX 1025 BRONSON, FL 32621</b>
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01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>01-0605748</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>PARKER, ROBERT A 9290 NE SR 24 BRONSON, FL 32621</b>
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**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 re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARKER, ROBERT A PO BOX 1025 BRONSON, FL 32621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARKER, WESLEY PO BOX 1025 BRONSON, FL 32621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANNON, HENRY PO BOX 1025 BRONSON, FL 32621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BORSE, SARAH PO BOX 1025 BRONSON, FL 32621
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/04/05-80149-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Sarah Borse Sarah Borse 5/1/05 352 486 2272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #