

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000011046

Entity Name: JOAN PARKINSON, P.A.

FILED  
Jan 19, 2005  
Secretary of State

**Current Principal Place of Business:**

1231 STARBOARD LANE  
SARASOTA, FL 342422752

**New Principal Place of Business:**

**Current Mailing Address:**

1231 STARBOARD LANE  
SARASOTA, FL 342422752

**New Mailing Address:**

FEI Number: 04-3600753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARKER, THEODORE  
2033 MAIN ST., STE. 100  
SARASOTA, FL 34237 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DVP ( ) Delete  
Name: PARKINSON, MICHAEL  
Address: 1231 STARBOARD LANE  
City-St-Zip: SARASOTA, FL 342422752

Title: D/P ( ) Delete  
Name: PARKINSON, JOAN  
Address: 1231 STARBOARD LANE  
City-St-Zip: SARASOTA, FL 342422752

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DVP (X) Change ( ) Addition  
Name: PARKINSON, MICHAEL  
Address: 1231 STARBOARD LANE  
City-St-Zip: SARASOTA, FL 342422752 US

Title: D/P (X) Change ( ) Addition  
Name: PARKINSON, JOAN  
Address: 1231 STARBOARD LANE  
City-St-Zip: SARASOTA, FL 342422752 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PARKINSON

DVP

01/19/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date