

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90026 012 ***150.00

DOCUMENT # P02000014237 1. Entity Name DRPARKS ENTERPRISES, INC.			
Principal Place of Business 2104 WHISPER LAKES BLVD ORLANDO, FL 32837		Mailing Address 6027 MARBELLA ISLE DRIVE ORLANDO, FL 32837	
2. Principal Place of Business - No P.O. Box # S920 RUSACK DR Suite, Apt. #, etc.		3. Mailing Address S920 RUSACK DR Suite, Apt. #, etc.	
City & State MELBOURNE, FL Zip 32940-8020 Country USA		City & State MELBOURNE, FL Zip 32940-8020 Country USA	
4. FEI Number 03-0395653		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 32301-2960		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete PARKS, DORSEY 6027 MARBELLA ISLE DR ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition S920 RUSACK DR MELBOURNE, FL 32940
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PARKS, SANDRA 6027 MARBELLA ISLE DR ORLANDO, FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition S920 RUSACK DR MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 32940	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Sandra J Parks</u> Sandra J Parks 3/12/07 321-946-5932 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			