


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

06-13-2005 90006 025 \*\*\*150.00

<b>DOCUMENT # P02000043679</b>	
1. Entity Name <b>DISKTRACEY, INC.</b>	

Principal Place of Business <b>8840 N.W. 8TH STREET PEMBROKE PINES, FL 33024</b>	Mailing Address <b>8840 N.W. 8TH STREET PEMBROKE PINES, FL 33024</b>
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bb044651

2. Principal Place of Business <b>2586 SALMISTA TERR</b>	3. Mailing Address <b>2586 SALMISTA TERR</b>
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Suite, Apt. #, etc	Suite, Apt. #, etc
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City & State <b>NORTH PORT, FL</b>	City & State <b>NORTH PORT, FL</b>
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Zip <b>34286</b>	Country <b>USA</b>	Zip <b>34286</b>	Country <b>USA</b>
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05062005 Chg-P CR2E034 (10/03)

4. FEI Number <b>01-0671646</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>PARKMAN, SUZIN 8840 N.W. 8TH STREET PEMBROKE PINES, FL 33024</b>	7. Name and Address of New Registered Agent Name <b>SUZIN PARKMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>2586 SALMISTA TERR.</b> City <b>NORTH PORT</b> FL Zip Code <b>34286</b>
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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 the filer (if filer is not the registered agent) \_\_\_\_\_  
DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKMAN, SUZIN 8840 NW 8TH ST. PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKMAN, SUZIN 2586 SALMISTA TERR. NORTH PORT, FL 34286 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARKMAN, PETER 8840 NW 8TH ST. PEMBROKE PINES, FL 33024 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARKMAN, PETER 2586 SALMISTA TERR NORTH PORT, FL 34286 <input checked="" 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
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 duplicate the information 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 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another, like empowered.

SIGNATURE: Peter Parkman **PETER PARKMAN** 6/3/05 954-663-9393  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

ATTACHMENT

66024257

Wednesday, June 29, 2005

Florida Department of State  
PO Box 6327  
Tallahassee, Fl. 32314

To Whom It May Concern:

I received your notice of intent to dissolve our corporation due to not filing of our annual report. We tried to file on line by 5/1/2005, but due to a technical glitch on your website, were unable to do so.

I then called by phone and was told to include a letter detailing our problem with our payment. We did so, including check # 1361 for \$150.00. Our bank says that check was cashed on 6/15/2005.

Included please find a copy of our annual report for Disktracey, Inc. Document # P02000043679 and a copy of the letter I sent with the payment. I received a letter from you saying that I had not filed the report properly, so I sent in the proper form on 6/3/2005.

I am assuming that this notice is just crossed in the mail with our payment.

If there is anything else we need to do to complete this process ,please let us know. We are still in business and intend to stay as such.

Regards,



Peter Parkman  
Disktracey, Inc.  
P02000043679

Tuesday, May 03, 2005

Division of Corporations  
PO Box 6327  
Tallahassee, Fl. 32314

ATTACHMENT

0602457  
P02000043679

To Whom It May Concern:

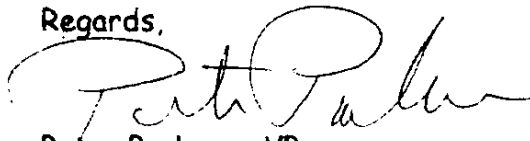
Enclosed is my fee for my Annual Report filing. I attempted to file electronically on May1, 2005, but encountered a computer error. The website automatically added the late fee.

I tried to call the office number all day on Monday, but there must have been a lot of people in the same boat, as I could not get through.

Please consider waiving the late fee, as my trouble in filing on time was due to a glitch in your website.

Thank you for your understanding.

Regards,



Peter Parkman, VP  
Disktracey, Inc.  
8840 NW 8<sup>th</sup> St.  
Pembroke Pines, Fl. 33024

Changes: New address for Registered Agent: Suzin Parkman  
2586 Salmista Terr.  
North Port, Fl. 34286  
Disktracey Main Office: 2586 Salmista Terr. North Port, Fl. 34286

Suzin Parkman- President: 2586 Salmista Terr. North Port, Fl. 34286  
Peter Parkman- V. President: 2586 Salmista Terr. North Port, Fl. 34286