2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2005 08:00 AM DOCUMENT # P02000054723 **Secretary of State** 1. Entity Name P & C PARK ENTERPRISES, INC. Principal Place of Business Mailing Address 6250 KIPPS COLONY CT #101 GULFPORT FL 33707 6250 KIPPS COLONY CT #101 GULFPORT FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 04-3667681 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARK, CHARLES D 6250 KIPPS COLONY CT #101 Street Address (P.O. Box Number is Not Acceptable) **GULFPORT FL 33707** City Zip Code FI 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 home of registered agent and title if applicable (NOTE Registered Agent signature required where reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THE Dist ☐ Delete ☐ Change ☐ Addition U00000243737 02/25/05-80053-009 158.75 NAME PARK, CHARLES D NAME STREET ADDRESS 6250 KIPPS COLONY CT #101 STREET ADDRESS CITY - ST - ZIP **GULFPORT FL 33707** CITY-ST-7/P TITLE ☐ Delete Tible ☐ Change Addition NAME PARK, PAULINE STREET ADDRESS 6250 KIPPS COLONY CT #101 STREET ADDRESS **GULFPORT FL 33707** CITY-ST-71P Cily-ST-ZIP 11711 Delete DILLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE ENTY-ST-ZIP DILE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STRECT ADDRESS CITY-ST-ZIP DITY STUDE HILE Delete Change Trice Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information 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 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.

FILED

Caylime Phone #