

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90046 020 ***150.00

DOCUMENT # P02000075402

1. Entity Name

PARCO MANAGEMENT, INC.



Principal Place of Business

5750 BLACKTHORN ROAD
JACKSONVILLE FL 32244

Mailing Address

P.O. BOX 14960
JACKSONVILLE FL 32238-4960



2. Principal Place of Business - No P.O. Box #

867 Wyolen St.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Jacksonville, FL.

City & State

4. FEI Number 75-3073442

Applied For

Not Applicable

Zip 32254

Country Duval

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
-Fee Required

6. Name and Address of Current Registered Agent

PARISH, RUSSELL T
5750 BLACKTHORN ROAD
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name Parish, Russell T.

Street Address (P.O. Box Number is Not Acceptable)

867 Wyolen St.

City Jacksonville

FL

Zip Code 32254

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME PARISH, RUSSELL T
STREET ADDRESS 5750 BLACKTHORN RD- 867 Wyolen St.
CITY- ST- ZIP JACKSONVILLE FL 32244 32254

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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