2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2008 8:00 am
Secretary of State

04-25-2008 90151 028 ***150.00

DOCUMENT # P02000105751

1. Entity Name
PARKER & ASSOCIATES, P.A.

66011380

Principal Place of Business	Mailing Address
1009 MAITLAND CENTER COMMONS BLVD. 216 MAITLAND, FL 32751	1009 MAITLAND CENTER COMMONS BLVD. 216 MAITLAND, FL 32751

04212008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 460 E Altamonte Dr.	3. Mailing Address P.O. Box 150215
Suite, Apt. #, etc. 2400	Suite, Apt. #, etc.
City & State Altamonte Springs, Fl	City & State Altamonte Springs, Fl
Zip 32751 Country U.S.	Zip 32715 Country U.S

4. FEI Number 01-0745853 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PARKER, H. CLAY 1009 MAITLAND CENTER COMMONS BLVD. 216 MAITLAND, FL 32751	Name Parker H. Clay Street Address (P.O. Box Number is Not Acceptable) 460 E. Altamonte Dr. #2400 City Altamonte Springs FL Zip Code 32751

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] 4/21/08
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, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$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	P PARKER, H. CLAY 543 CITRUS AVE OVIEDO, FL 32765	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 5/19/08 (407) 660-2223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #