


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 23, 2007 8:00 am**  
**Secretary of State**

05-23-2007 90028 011 \*\*\*150.00

**DOCUMENT # P02000108675**

1. Entity Name  
**PARKLAND CHAMBER OF COMMERCE, INC.**




Principal Place of Business  
**5933 W HILLSBORO #167 PARKLAND, FL 33067**

Mailing Address  
**5933 W HILLSBORO #167 PARKLAND, FL 33067**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



05142007 Chg-P CR2E034 (12/06)

4. FEI Number  
**06-1651859**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CAROTHERS, SCOTT**  
**6493 NW 78TH PLACE**  
**PARKLAND, FL 33076**

7. Name and Address of New Registered Agent

Name  
*William McFarlane*

Street Address (P.O. Box Number is Not Acceptable)  
*10304 W. Sample Road*

Suite, Apt. #, etc.  
*Suite 201*

City  
*Coral Gables*

State  
**FL**

Zip Code  
**33066**

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 *Scott Carothers* (NOTE: Registered Agent signature required when reinstating)

DATE *5/11/07*

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MCFARLANE, WILLIAM	5933 W HILLSBORO BLVD #167	PARKLAND, FL 33067	<input type="checkbox"/>
C	WOLK, EVAN	5933 HILLSBORO BLVD #167	PARKLAND, FL 33067	<input type="checkbox"/>
T	CAROTHERS, SCOTT	5933 W HILLSBORO BLVD #167	PARKLAND, FL 33067	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
T	Stuart Rubin	5933 W. Hillsboro Blvd #167	Parkland FL 33067	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	Ellise Roberts	5933 W. Hillsboro Blvd #167	Parkland FL 33067	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S	Ken Whyte	5933 W. Hillsboro Blvd #167	Parkland FL 33067	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Scott Carothers* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: *5/11/07*

DAYTIME PHONE: *954-340-0005*