2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000128268

FILED Feb 25, 2005 Secretary of State

Entity Name: PARKER INSURANCE AGENCY, INC. **Current Principal Place of Business: New Principal Place of Business:** 880 ELM STREET ENGLEWOOD, FL 34223 **Current Mailing Address: New Mailing Address:** 880 ELM STREET ENGLEWOOD, FL 34223 FEI Number: 54-2083874 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RENAISSANCE TAX & BUS SERVICES INC 5348 DREW ROAD VENICE, FL 34293 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition PARKER, CHARLES PARKER, GAYLE A O/D Name: Name: 880 ELM STREET 880 ELM STREET Address: Address:

City-St-Zip: VENICE, FL 34223 City-St-Zip: VENICE, FL 34223

Title: (X) Delete Title: () Change () Addition

Name: PARKER, GAYLE Name: 880 ELM STREET Address: Address: ENGLEWOOD, FL 34223 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAYLE PARKER O/D 02/25/2005