


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000128268</b>	
<b>1. Entity Name</b> PARKER INSURANCE AGENCY, INC.	

**Principal Place of Business**  
880 ELM STREET  
ENGLEWOOD, FL 34223

**Mailing Address**  
880 ELM STREET  
ENGLEWOOD, FL 34223

**DO NOT WRITE IN THIS SPACE**



03202006 No Chg-P CRZE034 (11/05)

<b>4. FEI Number</b> 54-2083874	Applied For Not Applicable
------------------------------------	-------------------------------

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

**6. Name and Address of Current Registered Agent**

RENAISSANCE TAX & BUS SERVICES INC  
5346 DREW ROAD  
VENICE, FL 34293

**DO NOT WRITE  
IN THIS SPACE**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

04/08/06-80032-012 150.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	CEO
<b>NAME</b>	PARKER, GAYLE A O/D
<b>STREET ADDRESS</b>	880 ELM STREET
<b>CITY - ST - ZIP</b>	VENICE, FL 34223
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Gayle Parker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GAYLE PARKER

3-20-06

Date

Daytime Phone #