## 2004 FOR PROFIT CORPORATION FILED ANNUAL REPORT (AR) May 04, 2004 8:00 am **DOCUMENT # P03000026579** Secretary of State 1. Entity Name 05-04-2004 90182 006 \*\*\*150.00 PARKER CONSULTANTS, INC. Mailing Address Principal Place of Business 3857 CRYSTAL LAKE DR. CHIPLEY FL 32425 3857 CRYSTAL LAKE DR. 14020235 CHIPLEY FL 32425 Principal Place of Business TMain Street MOORE CR2E034 (11/03) 4. FEI Number 3769318 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKER, GARY 3857 CRYSTAL LAKE DR. CHIPLEY FL 32425 777 Main Street, Suite 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 the obligations of registers SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition PARKER, GARY NAME NAME 3857 CRYSTAL LAKE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIPLEY FL 32425 CITY-ST-7(P ☐ Delete TITLE TITLE ■ Addition PARKER, GREG NAME NAME 171 Main Street, SwiteG-1 Chiptey, Florida 32428 3857 CRYSTAL LAKE DR. STREET ADDRESS STREET ADDRESS CHIPLEY FL 32425 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

GNAVER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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