

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90003 006 ***150.00

DOCUMENT # P03000043876			
1. Entity Name PARKLAND REALTY SERVICES, INC.			
Principal Place of Business 10519 NW 67 CT PARKLAND, FL 33076		Mailing Address 10519 NW 67 CT PARKLAND, FL 33076	
2. Principal Place of Business		3. Mailing Address P.O. Box 22 3592	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Hollywood FL	
Zip	Country	Zip	Country
		33022-3592	
4. FFI Number		Applied For	
20-0641619		<input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DEPERSIO, JOHN 10519 NW 67 CT PARKLAND, FL 33076		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P President	NAME DEPERSIO, JOHN	TITLE	NAME
STREET ADDRESS 10519 NW 67 CT	CITY-ST-ZIP PARKLAND, FL 33076	STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME PARIS, MARK	TITLE	NAME
STREET ADDRESS 9833 NW 13 CT	CITY-ST-ZIP CORAL SPRINGS, FL 33071	STREET ADDRESS	CITY-ST-ZIP
TITLE VP	NAME Joseph Stampone	TITLE	NAME
STREET ADDRESS 1390 Tanglewood Dr	CITY-ST-ZIP North Wales, PA 19454	STREET ADDRESS	CITY-ST-ZIP
TITLE Sect. Treas.	NAME Frederick Stampone	TITLE	NAME
STREET ADDRESS 1017 Herkness Drive	CITY-ST-ZIP Meadowbrook, PA 19046	STREET ADDRESS	CITY-ST-ZIP
TITLE D	NAME James Foster	TITLE	NAME
STREET ADDRESS 105 Burgundy Circle	CITY-ST-ZIP Blue Bell, PA 19422	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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.			
SIGNATURE: <u>John Depersio</u>		Date: <u>3/9/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

