

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000047945			
1. Entity Name PARK PROFESSIONAL INVESTMENTS, INC.			
Principal Place of Business 537 NORTHEAST 1ST STREET, SUITE 5 GAINESVILLE, FL 32601		Mailing Address 537 NORTHEAST 1ST STREET, SUITE 5 GAINESVILLE, FL 32601	
DO NOT WRITE IN THIS SPACE			
		 01112006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 68-0553938	Applied For <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 STERN, ROBERT A 537 NORTHEAST 1ST STREET, SUITE 5 GAINESVILLE, FL 32601		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV STERN, ROBERT A 537 NORTHEAST 1ST STREET, SUITE 5 GAINESVILLE, FL 32601		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KROP, DAWN B 1219 NORTHWEST 23RD TERRACE GAINESVILLE, FL 32605		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: <u>Robert A. Stern, Vice President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/16/06</u> Daytime Phone # <u>352-373-8502</u>	