

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 8:00 am
Secretary of State

07-15-2004 90001 004 ***150.00

DOCUMENT # P03000059711

1. Entity Name
PHILIP C. PARKER, P.A.Principal Place of Business
2153 FOREST HOLLOW WAY
FRUIT COVE, FL 32259Mailing Address
2153 FOREST HOLLOW WAY
FRUIT COVE, FL 32259

54062347



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number:

58-2672186

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARKER, PHILIP C
2153 FOREST HOLLOW WAY
FRUIT COVE, FL 32259

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code 32259

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 filer if applicable

(NOTE: Registered Agent Signature required when (a) changing

DATE 7/15/04

FILE NOW!!! FEE IS \$150.00
Due by September 8, 20049. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
DPST	PARKER, PHILIP C	2153 FOREST HOLLOW WAY	FRUIT COVE, FL 32259	☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
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TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
				☐

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: *Philip C. Parker, P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04

904-8134978