2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 01, 2004 8:00 am Secretary of State **DOCUMENT # P03000062811** 03-15-2004 90042 008 ***150 00 1. Entity Name PARKER SOUTH, INC. Principal Place of Business Mailing Address 16 BARRACUDA LANE KEY LARGO FL 33037 16 BARRACUDA LANE KEY LARGO FL 33037 66409031 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For Not Applicable Country \$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 Name WASSERSTROM, ELLEN ESQ. GREENSPOON, MARDER, HIRSCHFELD, RAFKIN PA Street Address (P.O. Box Number is Not Acceptable) 100 W. CYPRESS CREEK ROAD SUITE 700 FORT LAUDERDALE FL 33309 City 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. (NOTE: Registered Agent agriculture required when reinstating) FILE NOW!!! FEE IS \$150.00 % After May 1, 2004 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Isake Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Delete TITLE ☐ Change NAME DRESSLER, BRADLEY NAME STREET ADDRESS 16 BARRACUDA LANE STREET ADDRESS CITY-ST-ZIP KEY LARGO FL 33037 CITY-ST-7IP mte ☐ Delete TITLE Addition ☐ Channe NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-5T-712 TITLE ☐ Delete ☐ Change ☐ Addition NAME NUAE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TILLE ☐ Defete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or appliemental report is fully and accurate and that hy 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 attacturent with an address, who all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED