

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90467 028 ***150.00

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1. Entity Name

RJ PARKINSON ENTERPRISES CORPORATION



Principal Place of Business

**2546 N. JOHN YOUNG PKWY.
KISSIMMEE FL 34741**

Mailing Address

**2546 N. JOHN YOUNG PKWY.
KISSIMMEE FL 34741**

2. Principal Place of Business

4948 EAST COLONIAL DR

3. Mailing Address

1-948 EAST COLONIAL DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLA

City & State

ORLANDO FLA

4. FEI Number

20-0454106

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CULBERTSON, CONNIE
2546 N. JOHN YOUNG PKWY.
KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name **J. PARKINSON**

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

4948 EAST COLONIAL DRIVE

City **ORLANDO**

FL

Zip Code **32803**

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

J. Parkinson
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing--
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PARKINSON, RICHARD**
STREET ADDRESS **2546 N. JOHN YOUNG PKWY.**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE **DST** ☐ Delete
NAME **PARKINSON, JANET**
STREET ADDRESS **2546 N. JOHN YOUNG PKWY.**
CITY-ST-ZIP **KISSIMMEE FL 34741**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **PARKINSON, RICHARD**
STREET ADDRESS **1205 CUMBERIAN LAKES COURT**
CITY-ST-ZIP **KISSIMMEE FLA 34746**

TITLE **DST** ☒ Change ☐ Addition
NAME **PARKINSON, JANET**
STREET ADDRESS **1205 CUMBERIAN LAKES COURT**
CITY-ST-ZIP **KISSIMMEE FLA 34746**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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:

J. Parkinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-04

4078980083