


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90116 047 \*\*\*150.00

<b>DOCUMENT #</b> P03000097662 <b>1. Entity Name</b> PARK CABINS, INC.			
<b>Principal Place of Business</b> <del>2900 CANOPY LANE</del> TALLAHASSEE FL 32308 US		<b>Mailing Address</b> <del>2900 CANOPY LANE</del> TALLAHASSEE FL 32308 US	
<b>2. Principal Place of Business</b> 6736 Pasadena Dr. Suite, Apt. #, etc. Tall., FL 32317 City & State Tall., FL Zip 32317 Country Leon		<b>3. Mailing Address</b> ← same Suite, Apt. #, etc. ← City & State ← Zip ← Country ←	
<b>6. Name and Address of Current Registered Agent</b> <del>EANNON, JOANNA P</del> <del>2900 CANOPY LANE</del> <del>TALLAHASSEE FL 32308</del> Jack London 6736 Pasadena Dr. Tall., FL 32317		<b>7. Name and Address of New Registered Agent</b> Name Jack F. (John) London Street Address (P.O. Box Number is Not Acceptable) 6736 Pasadena Drive City Tall., FL Zip Code 32317	
<b>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.</b> SIGNATURE <u>John F. London</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <u>President</u> <input type="checkbox"/> Delete NAME LONDON, JOHN F. STREET ADDRESS 6736 PASADENA DRIVE CITY-ST-ZIP TALLAHASSEE FL 32317	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>			
<b>SIGNATURE:</b> <u>John F. London (John) President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/2/06</u> <small>Daytime Phone #</small>	