


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000097662																																																																																																																																			
1. Entity Name PARK CABINS, INC.																																																																																																																																			
Principal Place of Business 6736 PASADENA DR TALLAHASSEE, FL 32317 US			Mailing Address 6736 PASADENA DR TALLAHASSEE, FL 32317 US																																																																																																																																
2. Principal Place of Business - No P.O. Box # 2141 Montebello Ct. Suite, Apt. #, etc. Tall.		3. Mailing Address Same Suite, Apt. #, etc.																																																																																																																																	
City & State Tall. FL		City & State		4. FEI Number 56-2398308																																																																																																																															
Zip 32317		Country Leon		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent LONDON, JACK F 6736 PASADENA DR TALLAHASSEE, FL 32317				7. Name and Address of New Registered Agent Name: Marianne F. London Street Address (P.O. Box Number is Not Acceptable): 2141 Montebello Ct. City: Tall. FL Zip Code: 32317																																																																																																																															
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: <u>Marianne London</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																	
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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>Marianne London</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4-25-07 509-5268 <small>Date Daytime Phone #</small>																																																																																																																															

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JS



04252007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name: Marianne F. London

Street Address (P.O. Box Number is Not Acceptable): 2141 Montebello Ct.

City: Tall. FL Zip Code: 32317

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: Marianne London
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P Jack LONDON, JOHN F 2141 Montebello Ct. PRGS.
 NAME: 6736 PASADENA DRIVE
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 CITY-ST-ZIP:

TITLE: Marianne London
 NAME: 2141 Montebello Ct.
 STREET ADDRESS: Tall. FL 32317 U PRGS.
 CITY-ST-ZIP:

TITLE: 100101263231
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SIGNATURE: Marianne London
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-07 509-5268
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