


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90018 010 \*\*\*150.00

DOCUMENT # P03000107061	
1. Entity Name ANTHONY PARKER INVESTIGATIONS, INC.	

Principal Place of Business 1112 WESTDALE DR P.O. Box 77150 JACKSONVILLE, FL 32211 32226	Mailing Address 1112 WESTDALE DR P.O. Box 77150 JACKSONVILLE, FL 32211 32226
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**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0250543	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PARKER, ANTHONY  
1112 WESTDALE DR P.O. Box 77150  
JACKSONVILLE, FL 32211 32226

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT PARKER, ANTHONY P.O. Box 77150 1112 WESTDALE DR JACKSONVILLE, FL 32211 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS PARKER, JACQUELYN P.O. Box 77150 1112 WESTDALE DR JACKSONVILLE, FL 32211 32226
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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:  3-6-08 904-205-8914

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #