


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-26-2004 91014 001 ***150.00

DOCUMENT # <i>P03 000134428</i>	
1. Entity Name PARKERS FRAMING & CONSTRUCTION, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2855 KRAFT DRIVE		3. Mailing Address 2855 KRAFT DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DELTONA, FL		City & State DELTONA, FL	
Zip 32738	Country VOLUSIA	Zip 32738	Country VOLUSIA

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0100891		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name STEVEN J PARKER	
	Street Address (P.O. Box Number is Not Acceptable) 2855 KRAFT DRIVE	
	City DELTONA	FL Zip Code 32738

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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	PRESIDENT STEVEN J PARKER 2855 KRAFT DRIVE DELTONA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SUNDY J PARKER 2855 KRAFT DR DELTONA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SUNDY J PARKER 2855 KRAFT DR DELTONA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sundy Parker* **4/23/04** **407 298 2461**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)