


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90034 022 ***150.00

DOCUMENT # P03000143588	
1. Entity Name PARKS TRUCKING, INC.	

Principal Place of Business 4296 KIRKLAND BLVD ORLANDO, FL 32811	Mailing Address P.O. BOX 682822 ORLANDO, FL 32868
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20007405



02262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0444587	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PARKS, HECTOR M 4296 KIRKLAND BLVD ORLANDO, FL 32811	2405 N-HASTING ST ORLANDO FL 32808
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**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, 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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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARKS, HECTOR M P.O. BOX 682822 ORLANDO, FL 32868
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

My Principal
Place of Business has
been change
to
2405 N-HASTING ST
ORLANDO FL 32808

My MAIL Address
STILL REMAIN
the SAME.

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 another like empowered.

SIGNATURE: Hes 03-07-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #