2007 FOR PROFIT CORPORATION ANNUAL REPORT (1)

Apr 25, 2007 8:00 am Secretary of State DOCUMENT # P04000036076 04-25-2007 90191 045 ***150.00 PARKER CONSTRUCTION SERVICES, INC Principal Place of Business Mailing Address 368 SPRADLIN RD 368 SPRADLIN RD **DEFUNIAK SPRINGS FL 32433** DEFUNIAK SPRINGS FL 32433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-1221525 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKER, J. NATHAN Street Address (P.O. Box Number is Not Acceptable) 368 SPRADLIN RD **DEFUNIAK SPRINGS FL 32433** Zip Code 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) CALE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Joy 7. Parker Rd PD TITLE ☐ Delete HHE Addition PARKER, J. NATHAN NAMÉ NAME 368 SPRADLIN RD STREET ADDRESS STREET ADDRESS **DEFUNIAK SPRINGS FL 32433** De 74NiAK 5pg 5.71.32437 CITY-ST-ZIP CITY-ST-ZIP VP X Delete HILL Addition MACKEY, JARED G NAME NAME 1110 PINEVIEW BLVD STREET ADDRESS STREET ADDRESS FORT WALTON BEACH FL 32547 CHY-ST-ZIP CITY - ST- ZIP TD HILL Delete HILE ☐ Change ☐ Addition PARKER, GEORGE C NAME NAME 368 SPRAĎLIN RD STREET ADDRESS STREET ADDRESS DEFUNIAK SPRINGS FL 32433 CITY-SI-7(P CITY-ST-ZIP THE ☐ Delete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP MILE Delete TITLE ☐ Change ☐ Addition NAME MAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP

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.

SIGNATURE:

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

FILED