## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 09, 2007 08:00 A Secretary of State DOCUMENT # P04000064060 WC PARNELL INDUSTRIES, INC. Malling Address Principal Place of Business 8020 MORRISON ROAD 8020 MORRISON ROAD US HASTINGS, FL 32131 HASTINGS, FL 32145 CR2E034 (11/05) 05062007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1010651 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent DO NOT WRITE MADDOX, JOSEPH E 7002 67TH ST N PINELLAS PARK, FL 33781 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 May 1, 2007 Maddax (NOTE: Registered Agent signature required when reinstating) ne of registered agent and title it applicable 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE U00000762986 PARNELL, WALTER C 05/29/07-80036-006 158.75 107 WATER OAK CT STREET ADDRESS EAST PALATKA, FL 32131 CITY-ST-ZIP VP TITLE PARNELL, CANDACE T NAME 107 WATER OAK CT STREET ADDRESS CITY-ST-ZIP EAST PALATKA, FL 32131 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

86-326-9100