## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P04000065051

1. Entity Name

PARKIN CONTRACTING, INC.



FILED Sep 06, 2006 08:00 AN Secretary of State

Principal Place of Business

7038 BAKERSFIELD DRIVE JACKSONVILLE, FL 32210

Mailing Address

7038 BAKERSFIELD DRIVE JACKSONVILLE, FL 32210



07102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 43-2049439

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKIN, MICKEY BRIAN 7038 BAKERSFIELD DRIVE JACKSONVILLE, FL 32210

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered ager	t, or both, in the State of Florida. I am familiar with, and accept
the obligations of registered agent.	stay's the same

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME PARKIN, MICKEY BRIAN
STREET ADDRESS
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE
NAME

U00000576215 09/06/06-80002-005 158.75

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** 

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MICHEY SPIAN FOR BIGHATURE AND TYPED OR PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

michen H

9-3-04

904-786-5762