

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000067522

1. Entity Name
PARKWOOD CONSTRUCTION, INC.



**FILED
May 04, 2005 8:00 am
Secretary of State**

05-04-2005 90230 001 ***450.00

Principal Place of Business
9900 WEST SAMPLE ROAD
SUITE 317
CORAL SPRINGS, FL 33065

Mailing Address

9900 WEST SAMPLE ROAD
SUITE 317
CORAL SPRINGS, FL 33065

2. Principal Place of Business
10277 W. Sample Road

3. Mailing Address
10277 W. Sample Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Coral Springs, Fl.

City & State
Coral Springs, Fl.

Zip

Country

33065

USA

Zip

Country

33065

USA

6. Name and Address of Current Registered Agent

ROSENBERG, ARTHUR R
4875 NORTH FEDERAL HIGHWAY
SEVENTH FLOOR
FORT LAUDERDALE, FL 33308

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME TREMATERRA, PEYER
STREET ADDRESS 9900 WEST SAMPLE ROAD, SUITE 317
CITY-ST-ZIP CORAL SPRINGS, FL 33065

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

10277 W. Sample Road
Coral Springs, Fl 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peter Tremetter Pres Peter Tremetter Pro 2/10/05 954-952-5555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #