


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90119 017 ***150.00

DOCUMENT # P04000069959	
1. Entity Name PARKER BROTHERS ENTERTAINMENT, INC.	

Principal Place of Business 6315 SW 27TH STREET MIRAMAR, FL 33023 US	Mailing Address 6315 SW 27TH STREET MIRAMAR, FL 33023 US
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2. Principal Place of Business 895 Fruitland Drive	3. Mailing Address 895 Fruitland Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Deltona, FL.	City & State Deltona, FL.
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Zip 32725	Country USA	Zip 32725	Country USA
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03082005 Chg-P CR2E034 (10/03)

4. FEI Number 43-2049934	Applies For <input type="checkbox"/> 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	
PARKER, JAMES 6315 SW 27TH STREET MIRAMAR, FL 33023	

7. Name and Address of New Registered Agent	
Name Karen Parker	
Street Address (P.O. Box Number is Not Acceptable) 895 Fruitland Drive	
City Deltona	FL 32725

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 <i>Karen Parker VP/S</i>	DATE 3-15-2005
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 P	<input checked="" type="checkbox"/> Delete
NAME PARKER, JAMES	
STREET ADDRESS 6315 SW 27TH STREET	
CITY-ST-ZIP MIRAMAR, FL 33023	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Steven Parker	
STREET ADDRESS 895 Fruitland Drive	
CITY-ST-ZIP Deltona, FL. 32725	
TITLE V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Karen Parker	
STREET ADDRESS 895 Fruitland Drive	
CITY-ST-ZIP Deltona, FL. 32725	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Candice Parker Angrees	
STREET ADDRESS 474 Great Oaks Blvd.	
CITY-ST-ZIP Monticello, FL. 32344	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: <i>Karen Parker Karen PARKER V/S</i>	DATE 3-15-05	DAYTIME PHONE # 386-532-6113
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