


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000148677		
1. Entity Name W. F. PARKER ENTERPRISES, INC.		

FILED

06 JAN -3 AM 10: 09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 106 LAKEVIEW CIR. SUITE 110 PANAMA CITY BEACH, FL 32413	Mailing Address 106 LAKEVIEW CIR. SUITE 110 PANAMA CITY BEACH, FL 32413
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2. Principal Place of Business 62 Sharlene Ln. Suite, Apt. #, etc.	3. Mailing Address 62 Sharlene Ln. Suite, Apt. #, etc.
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REINSTATEMENT

City & State Panama City Bch Zip 32413 Country Walton	City & State Panama City Bch Zip 323413 Country Walton
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Entity Number 86-1121620	Applied For Not Applicable
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6. Name and Address of Current Registered Agent PARKER, WYLIE F 106 LAKEVIEW CIR. SUITE 110 PANAMA CITY BEACH, FL 32413	
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent Name Parker Wylie F Street Address (P.O. Box Number Not Acceptable) 62 Sharlene Ln. City Panama City Bch FL 32413	

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
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FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP Wylie F Parker 62 Sharlene Ln. Panama City Bch, FL 32413	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT Wylie F Parker 62 Sharlene Ln. Panama City Bch, FL 32413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 000063079250 01/06/06--01055--005 **158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 for all other like empowered.

SIGNATURE: 	11/29/05	880-231-4492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #