2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 27, 2006 8:00 am Secretary of State

	71111071		· · ·		`	, , , , , , , , ,	- J	\sim ••	
DOCUMENT # P05000027202 1. Entity Name PARLIER CONSTRUCTION AND CONSULTING, INC.							90051 009 *	**150),00
Principal Place	e of Business	Mailing Address	Mailino Address			10 EF % "			
Principal Place of Business 1736 COUNTRY CLUB DR. TITUSVILLE, FL 32780		1736 COUNTRY CLUB DR. TITUSVILLE, FL 32780							
						71181 9 1141 18 111 69 111 99 11	N 88318 11817 18818 11814		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02082006	Chg-P	CR2E034 (1		
City & State		City & State			4. FEI Number	240012		Not	Applicable
Zip	Country	Country Zip Cour		ry		of Status Desired	Fee F	5 Addi Required	
6. Name and Address of Current Registered Agent					7. Name and	Address of New R	legistered Agent		
				Name .					
PARLIER, CHRISTOPHER R 1736 COUNTRY CLUB DR. TITUSVILLE, FL 32780				Street Address (P.O. Box Number is Not Acceptable)					
***************************************	, () 02/00								:
				City	γ ΓL · · · · · · · · · · · · · · · · · ·				
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 OZ/13/06									
SIGNATURE Signature, typed or pointed name of registered agent and site of applicable. (NOTE: Registered Agent signature rectained when revestating) DATE									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRE	CTORS	IN 11
गांधः 🗝 .	Р	☐ Delete	TITLE					Change	Addition
NAME			NAME						
STREET ADDRESS				ST-ZIP					
CITY: ST-ZIP	THOO VIELE, TE OZTOO							Change	☐ Addition
TITLE NAME	PARLIER, CHRISTOPHER R	☐ Delete	TITLE	ı		_	L) (линус	☐ Addition
STREET ADDRESS				T ADDRESS					
CITY+ST-ZIP	TITUSVILLE, FL 32780			ST-ZIP					
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME			NAME					-	
STREET ADDRESS				ET ADDRESS	•				
CITY-ST-ZIP			-	ST-ZIP				Change	☐ Addition
TITLE NAME		☐ Delete	TITLE	I			، ن	highgo	☐ Mulicion
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			CITY-	-\$I-ZIP					
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME			NAME	1		•			
STREET ADDRESS CITY+ST-ZIP				ET ADDRESS -ST-ZIP					
TITLE		☐ Delete	TITLE					Change	☐ Addition
NAME			NAME	i					
STREET ADDRESS CITY+ST-ZIP				ET ADDRESS - ST-ZIP					-
i	certify that the information supplied with	n this filing does not qualify t	k		ed in Chapter 119	, Florida Statules.	further certify th	at the in	nformation
- indicity	carry mar and anomination supplied with	duod not qualify		and the line of the	sama lagal affac	t ac it made under	noth: that I am an	a officer	or director

2. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not quality 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 it 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:

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Harlier VP

02/13/06

321-269-14

Daytime Phone #