

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2007 8:00 am
Secretary of State

02-06-2007 90011 026 ***150.00

DOCUMENT # P05000059936

1. Entity Name

PARQUETTE & ASSOCIATES, INC.



Principal Place of Business

4673 FERNWAY DRIVE
NORTH PORT FL 34288

Mailing Address

4673 FERNWAY DRIVE
NORTH PORT FL 34288



2. Principal Place of Business - No P.O. Box #

1435 COLLINGSWOOD BLVD.

3. Mailing Address

1435 COLLINGSWOOD BLVD.

Suite, Apt., #, etc.

Suite F

Suite, Apt., #, etc.

Suite F

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33948

Country

USA

Zip

33948

Country

USA

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-2707328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARQUETTE, M. BETH
4673 FERNWAY DRIVE
NORTH PORT FL 34288

7. Name and Address of New Registered Agent

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

M. Beth Parquette Pres.

M. Beth Parquette

1-28-07

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D ☐ Delete
NAME PARQUETTE, M. BETH
STREET ADDRESS 4673 FERNWAY DRIVE
CITY-STATE-ZIP NORTH PORT FL 34288

TITLE VP ☐ Delete
NAME CLEMENT, CATHY S
STREET ADDRESS 16605 LAKE CIRCLE DRIVE #314
CITY-STATE-ZIP FORT MYERS FL 33908

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

M. Beth Parquette M. Beth Parquette

1/28/07 941-235-7776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #