


FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90088 011 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P05000146275
 1. Entity Name
PARKS INVESTMENT & MANAGEMENT, INC.



Principal Place of Business 203 N. INDUSTRIAL AVENUE SUITE 3 ORANGE CITY, FL 32763 US	Mailing Address 203 N. INDUSTRIAL AVENUE SUITE 3 ORANGE CITY, FL 32763 US
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2. Principal Place of Business - No P.O. Box # 135 E Minnesota Ave Suite, Apt. #, etc.	3. Mailing Address 135 E Minnesota Ave Suite, Apt. #, etc.
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City & State Orange City, FL	City & State Orange City, FL
Zip 32763	Zip 32763
Country	Country

40004700



03262007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3714246	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PARKS, YOLANDA
 203 N. INDUSTRIAL AVENUE
 SUITE 3
 ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent
 Name **Yolanda Parks**
 Street Address (P.O. Box Number is Not Acceptable)
135 E Minnesota Ave
 City **Orange City** FL Zip Code **32763**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME PARKS, YOLANDA STREET ADDRESS 135 W HOLLY DRIVE CITY-ST-ZIP ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME PARKS, MICHEAL STREET ADDRESS 135 W. HOLLY DRIVE CITY-ST-ZIP ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PARKS, MICHAEL W STREET ADDRESS 955 KICKLIGHTER RD CITY-ST-ZIP LAKE HELEN, FL 32744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME PARKS, ALICIA STREET ADDRESS 135 W HOLLY DR CITY-ST-ZIP ORANGE CITY, FL 32763	<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 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 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: Yolanda Parks / Yolanda Parks 4-6-07 386-775-7099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #