2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 07, 2006 8:00 am Secretary of State DOCUMENT # P05000158355 07-24-2006 90007 042 ***150.00 1. Entity Name DANNY PARKER CONSTRUCTION AND FRAMING INC. Principal Place of Business Mailing Address 1408 NANCESOWEE AVE. 1408 NANCESOWEE AVE. SEBRING FL 33870 SEBRING FL 33870 2. Principal Place of Business 3. Mailing Address Suite, Apr. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (4/06) City & State City & State 4. FEI Number Applied For Not Applicable Ζıρ Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKER, DANIEL R 1408 NANCESOWEE AVE. Street Address (P.O. Box Number is Not Acceptable) SEBRING FL 33870 City 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, typed or printed name of registered agent and their applicable. (NOTE: Reastered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS:\$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be late fee. By checking this box, the corporation certifies it did not receive erior natice. Fee to file is \$150.00. 9. Election Campaign Financing DUE BY September 6, 2006 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Addition Change PARKER, DANIEL R NAME NAME 1408 NANCESOWEE AVE. STREET ADDRESS STREET ADDRESS SEBRING FL 33870 CITY-ST-78P CDJY - ST - ZTP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP TIPLE Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS OTY-ST-ZP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DIV-ST-7P TIFLE ☐ Delete MLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZYP TITLE ☐ Delete Change ☐ Addition NAME NAME SZROCA TRATTS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P 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. -17-06 Æ SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #