## 2007 FOR PROFIT CORPORATION. ANNUAL REPORT (AR)

## Apr 09, 2007 8:00 am Secretary of State DOCUMENT # P05000158355 1. Entity Name 04-09-2007 90046 029 \*\*\*150.00 DANNY PARKER CONSTRUCTION AND FRAMING INC. Principal Place of Business Mailing Address 1408 NANCESOWEE AVE. SEBRING FL 33870 1408 NANCESOWEE AVE. SEBRING FL 33870 2. Principal Place of Business - No P.O. Box # Mailing Addross O. Box Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & Stato 4. FEI Number Applied For 20-3890932 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name PARKER, DANIEL R Street Address (P.O. Box Number is Not Acceptable) 1408 NANCESOWEE AVE. SEBRING FL 33870 Zip Code 8. The above named ontify 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. $\omega n$ SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Change HIII. ☐ Defete TITLE Harker, Daniel R □ Addition PARKER, DANIEL R NAME NAME P.O. BOX 8946 1408 NANCESOWEE AVE. STREET ADDRESS STREET ADDRESS SEBRING FL 33870 FL 33872-0133 CITY-ST-7IP CITY ST ZIP TITLE ☐ Delete HILL Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY ST-ZIP CITY ST ZIP TITLE ☐ Delete HIII ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORS SS CHY-ST-ZIP CITY ST-7IP TOTLE ☐ Defete Change ■ Addition NAM STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY ST 7/P Delete HIH Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST 7P TITLE □ Defete TITLE Change ■ Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY-S1-ZIP CHY S1-78P 12. Thereby certify that the information supplied with this filling 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 offect 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 AND TYPED OR PRINTED NAME OF SIGNING OFFIC

SIGNATURE: X

FILED