


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90033 021 \*\*\*150.00

<b>DOCUMENT # P06000004254</b>	
1. Entity Name <b>PARNELL CONSTRUCTION, INC.</b>	

Principal Place of Business <b>1005 CANAL STREET NEW SMYRNA BEACH, FL 32168</b>	Mailing Address <b>1005 CANAL STREET NEW SMYRNA BEACH, FL 32168</b>
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2. Principal Place of Business - No P.O. Box # <b>199 OAK LANE</b>	3. Mailing Address <b>199 OAK LANE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>New Smyrna Beach, FL</b>	City & State <b>New Smyrna Beach, FL</b>
Zip <b>32168</b>	Zip <b>32168</b>
Country	Country



08092007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>PARNELL, BOYKIN 1005 CANAL STREET NEW SMYRNA BEACH, FL 32168</b>	
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4. FEI Number <b>20-4495998</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
7. Name and Address of New Registered Agent Name <b>Joseph Andreano</b> Street Address (P.O. Box Number is Not Acceptable) <b>724 GREEN RD</b> City <b>New Smyrna Beach</b> <b>FL</b> Zip Code <b>32168</b>	

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 <b>Joseph Andreano</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>8-10-07</b>

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST PARNELL, BOYKIN 1005 CANAL STREET NEW SMYRNA BEACH, FL 32168 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP STEVEN B. PARNELL 199 OAK LANE New Smyrna Beach, FL 32168 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT STEVEN J. PARNELL 4270 BOY SCOUT CAMP RD NEW SMYRNA BEACH, FL 32168 <input type="checkbox"/> Change <input checked="" 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
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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: <b>Steven B. Parnell</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>8/10/07</b> DAYTIME PHONE # <b>286 423 8348</b>