## **2008 FOR PROFIT CORPORATION**

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT DOCUMENT # P06000017865**

1. Entity Name

MERLINE PARKER ENTERPRISE, INC.



Principal Place of Business

940 AVENUE T, S.E. WINTER HAVEN, FL 33880 Mailing Address

940 AVENUE T, S.E. WINTER HAVEN, FL 33880

## **FILED** May 12, 2008 08:00 AN Secretary of State



01082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 54-2195132 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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PARKER, I 940 AVEN WINTER H					NOT V		: ; : ; : .	
			٠	*i	·			41 (4)
8. The above the obligat SIGNATURE	named entity submits this statement for the prions of registered agent.  Number of registered agent and title	n MEr L	INE	egistered agent, or both produced when reinstating)		Florida. I am famil	iar with, and a	ccept
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	U0000 06/04/08	0950733 -80003-014	150.00	
10. OFFICERS AND DIRECTORS				•		1 1 .		٠.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, MERLINE 940 AVENUE T, S.E. WINTER HAVEN, FL 33880		·	•	•	1,4		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	s						•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT V	WFITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-IN	THIS S	SPACE	•	
TITLE NAME STREET ADDRESS				* * * *		36		• * .

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:** 

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MERKINE