

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000094892

**FILED**  
**Apr 01, 2008**  
**Secretary of State**

**Entity Name:** PARKER'S WOODWRIGHTS, INC.

**Current Principal Place of Business:**

1750 SOUTH PARK AVE  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

1750 SOUTH PARK AVE  
TITUSVILLE, FL 32780 US

**Current Mailing Address:**

PO BOX 6602  
TITUSVILLE, FL 32782

**New Mailing Address:**

PO BOX 1671  
TITUSVILLE, FL 32780 US

**FEI Number:** 22-3938853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAUFMAN, JOHN P  
1750 S PARK AVE  
TITUSVILLE, FL 32780 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: KAUFMAN, JOHN P  
Address: 1750 SOUTH PARK AVE  
City-St-Zip: TITUSVILLE, FL 32780

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: KAUFMAN, JOHN P  
Address: 1750 SOUTH PARK AVE  
City-St-Zip: TITUSVILLE, FL 32780 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN P. KAUFMAN

PSTD

04/01/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date