## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

## **FILED** May 12, 2008 08:00 AN Secretary of State DOCUMENT # P06000155841 PARKE PLACE CONSTRUCTION, INC. Principal Place of Business Mailing Address 1580 KENILWORTH ST 1580 KENILWORTH ST SARASOTA, FL 34231 SARASOTA, FL 34231 05042008 No Chg-P CR2F034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3538287 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FULLER, WILLIAM J III DO NOT WRITE 423 BURNS CT SARASOTA, FL 34236 IN THIS SPACE 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. U00000951097 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS 10. TITLE NAME TUCKER, PARKE K 5239 PALOS VERDES DR STREET ADDRESS SARASOTA, FL 34231 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP **IIILE** NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY - ST - ZIP 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #