## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 23, 2006 08:00 AM **Secretary of State DOCUMENT # P92000011535** JAMES R. PARKS, INC. Principal Place of Business Mailing Address 5920 OLD DIXIE HWY 5920 OLD DIXIE HWY บร VERO BEACH, FL 32967 VERO BEACH, FL 32967 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3163550 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent PARKS, JAMES R DO NOT WRITE 5920 OLD DIXIE HWY VERO BEACH, FL 32967 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 famillar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and fitte if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PARKS, JAMES R NAME 5920 OLD DIXIE HWY STREET ADDRESS VERO BEACH, FL 32967 CRY-ST-ZIP U00000444916 03/07/06-80022-016 150.00 TITLE NAME STREET ADDRESS C11Y-57-279 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 cath; 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 OFFICER OR DIRECTO

SIGNATURE:

FILED