2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000004395

PARKER PLASTERING & STUCCO OF BREVARD, INC.



Principal Place of Business

1325 HIAWATHA ST, MELBOURNE, FL 32935 Mailing Address

1325 HIAWATHA ST. MELBOURNE, FL 32935

FILED Apr 27, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

| | DO 11182 DO(1) DO21) DO111 | EOIN EOIN OIDEO 1390 46101 0011001 41 1001 | |
|---------|----------------------------|--|--|
| 4112007 | No Chg-P | CR2E034 (11/05) | |

| 4. FEI Number | | | Applied For |
|----------------------------------|-------|------|----------------|
| 59-3157708 | | | Not Applicable |
| 5. Certificate of Status Desired | □ \$8 | B.75 | Additional |

Fee Required

PARKER, WILLIAM 1325 HIAWATHA ST. MELBOURNE, FL 32935

DO NOT WRITE IN THIS SPACE

| 8. The above named entity submits this statement for the purpose of changing its registere the obligation of registered approximately and the obligation of registered approximately ap | | | | | | | |
|---|---|---|--|---|--|--|--|
| 8. The above the obligat | named entity submits this statement for the pations of registered agent. | ourpose of changing its registered | d office or i | egistered agent, or bol | th, in the State of Florida. I am familiar with, and accept | | |
| SIGNATURE. | Signature, typed or printed name of registered agent and title | f applicable (NOTE: Registered | Agent signatur | e required when reinstating) | OATE . | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | |
| 10. | OFFICERS AND DIREC | CTORS | | | · · · · · · · · · · · · · · · · · · · | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PARKER, WILLIAM 1325 HIAWATHA ST. MELBOURNE, FL 32935 | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | U00000739744 05/14/07-80039-017 150.00 | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS SPACE | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |
| of the car | sertify that the information supplied with this fill on this report or supplemental report is true a poration or the receiver or trustee empowered or on an attachment with an address, with all | to execute this report as required | ptions cor e shall hav d by Chap | tained in Chapter 119, e the same legal effect er 607, Florida Statutes | Florida Statutes. I further certify that the information as if made under oath; that I am an officer or directors; and that my name appears in Block 10 or Block 11 if | | |