


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90563 027 ***150.00

DOCUMENT # P94000009014	
1. Entity Name J. PARKER INSURANCE AGENCY, INC.	

Principal Place of Business 381 ONONDAGA CIRCLE LANGSTON, AL 35755 US	Mailing Address 381 ONONDAGA CIRCLE LANGSTON, AL 35755 US
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20036224



2. Principal Place of Business 3150 N.E. 36TH Ave. Lot 319	3. Mailing Address 3150 N.E. 36TH Ave. Suite, Apt. #, etc. Lot 319
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04142005 Chg-P CR2E034 (10/03)

City & State Ocala, FLORIDA	City & State Ocala, FLORIDA
Zip 34479	Country MARION
Zip 34479	Country 34479

4. FEI Number 59-3219861	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CANTRELL, JUDY E. 2360 SE 173RD COURT SILVER SPRINGS, FL 34488	
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7. Name and Address of New Registered Agent	
Name Jean Parker	
Street Address (P.O. Box Number is Not Acceptable) 3150 N.E. 36TH Ave Lot #319	
City Ocala	FL Zip Code 34479

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.	
SIGNATURE Jean Parker President	DATE 4/15/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTM PARKER, JEAN 381 ONONDAGA CIRCLE LANGSTON, AL 35755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARKER, JAMES L 381 ONONDAGA CIRCLE LANGSTON, AL 35755 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANTRELL, JUDY E. 2360 SE 173RD COURT SILVER SPRINGS, FL 34488 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.	
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SIGNATURE: Jean Parker	DATE: 4/15/05	DAYTIME PHONE: 352-368-6965
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