2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Jan 27, 2004 08:00 AM Secretary of State DOCUMENT # P94000061159 PARKS CONSTRUCTION OF LAKE OKEECHOBEE, INC. Principal Place of Business Mailing Address 2376 SW 13TH STREET OKEECHOBEE FL 34974 2376 SW 13TH STREET OKEECHOBEE FL 34974 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0513625 Not Applicat Ζιp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARKS, VIRGIL Street Address (P.O. Box Number is Not Acceptable) **2376 SW 13TH STREET OKEECHOBEE FL 34974** City Zip Code 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature regulard which reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May & After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete TITLE Change 1 PARKS, VIRGIL MANAE NAME U00000014571 STREET ADDRESS 2376 SW 13TH ST. STREET ADDRESS 01/27/04-80028-012 150.00 CITY-ST-ZIP OKEECHOBEE FL 34974 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Ad-PARKS, JACKIE NAME STREET ADDRESS 2376 SW 13 ST. STREET ADDRESS CITY-ST-ZIP OKEECHOBEE FL 34974 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Adı NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY - ST - ZIP TITLE D Delete TITLE Change ☐ Ad-MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE [Arl ☐ Change NAME NOME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change □ A. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 (9:07(3)(7), 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 directly of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block changed, or on an attendment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER GROTINECT

1-22-04

Daytime Phone #