

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90004 009 \*\*\*150.00

**DOCUMENT # P95000019859**

1. Entity Name  
**FLORIDA CHALKBOARD COMPANY, INC.**



Principal Place of Business      Mailing Address

**1418 E. SEMORAN BLVD.  
SUITE 103  
APOPKA FL 32703**

**P.O. BOX 1360  
APOPKA FL 32704**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E034 (10/07)

4. FEI Number      Applied For

**59-3320677**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PARKER, JACK A  
1428 E SEMORAN BLVD  
SUITE 103  
APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      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 accept the obligations of registered agent.

SIGNATURE *John A. Parker* **PRESIDENT**      DATE **2/19/08**

Signature typed or printed name of registered agent (if applicable)      (NOTE: Registered Agent signature required when conducting)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution:       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PTCD                    | <input type="checkbox"/> Delete |
| NAME           | PARKER, JACK A          |                                 |
| STREET ADDRESS | 1846 TOURNAMENT DRIVE   |                                 |
| CITY-ST-ZIP    | APOPKA FL 32712         |                                 |
| TITLE          | VPD                     | <input type="checkbox"/> Delete |
| NAME           | STEPHEN J PARKER        |                                 |
| STREET ADDRESS | 443 LANARKSHIRE PLACE   |                                 |
| CITY-ST-ZIP    | APOPKA FL 32712         |                                 |
| TITLE          | SDV                     | <input type="checkbox"/> Delete |
| NAME           | HAINES, BILL            |                                 |
| STREET ADDRESS | 1923 LEXINGTON PLACE    |                                 |
| CITY-ST-ZIP    | TARPON SPRINGS FL 34689 |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 Section 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.

SIGNATURE: *John A. Parker* **PRESIDENT**      DATE: **2/19/08 - 467-889-0087**

Signature typed or printed name of signing officer or director      Daytime Phone #