# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 20, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # P95000031146

1. Entity Name
PARKER YACHT ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 209 SE 21ST ST<br>FT. LAUDERDALE, FL 33316 US | 209 SE 21ST ST<br>FT. LAUDERDALE, FL 33316 US |

**DO NOT WRITE IN THIS SPACE**

02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0560422

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, D.J.
209 SE 21ST ST
FT. LAUDERDALE, FL 33316

**DO NOT WRITE 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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

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

000000474864
04/04/06-80039-020 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DPT |
| NAME | PARKER, D.J. |
| STREET ADDRESS | 209 SE 21ST ST |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33316 |
| TITLE | D |
| NAME | LEDBETTER, DWIGHT |
| STREET ADDRESS | 209 SW 21ST ST |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33316 |
| TITLE | D |
| NAME | CHENEY, DIANA |
| STREET ADDRESS | 4817 NE 23RD AVE |
| CITY-ST-ZIP | FT. LAUDERDALE, FL 33308 |
| TITLE | D |
| NAME | CANAL, PAZ |
| STREET ADDRESS | C JUAN RIPOLL TROBAT 23 7C |
| CITY-ST-ZIP | 07013 PALMA DE SP, mallorca |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

12. *I hereby certify that the information supplied with this filing 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 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:** _____ 3/14/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #