

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90020 030 ***158.75

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| DOCUMENT # P95000080263 | | | | | |
| 1. Entity Name PARKER BROTHERS ROOFING AND CONSTRUCTION INC. | | | | | |
| Principal Place of Business 4553 A WOODVILLE HWY TALLAHASSEE, FL 32305 | | | Mailing Address P O BOX 6388 TALLAHASSEE, FL 32314 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. NO Changes | | Suite, Apt. #, etc. NO Changes | | | |
| City & State | | City & State | | 4. FEI Number 59-3341269 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PARKER, WENDELL R 961 BRIARCLIFF DRIVE TALLAHASSEE, FL 32308 | | | 7. Name and Address of New Registered Agent Name Parker, Wendell R. Street Address (P.O. Box Number is Not Acceptable) 1007 Lucy Street City Tallahassee FL 32308 | | |
| 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 Wendell R. Parker 3/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES PARKER, WENDELL R 961 BRIARCLIFF TALLAHASSEE, FL 32308 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Wendell R. Parker 1007 Lucy Street Tallahassee, FL 32308 | <input checked="" 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 type="checkbox"/> Addition |
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| 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: | | Wendell R. Parker 3/4/08 (850) 650-8112 | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |