


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 20, 2005 08:00 AM
Secretary of State**

DOCUMENT # P95000084160 1. Entity Name PARKER HAULING, INC.		
Principal Place of Business 3910 EAST AVON RD PANAMA CITY, FL 32404	Mailing Address P.O. BOX 10477 PANAMA CITY, FL 32404	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CARR, RIGGS & INGRAM, MICHAEL SCOTT 2583 HUNT CLIFF LANE PANAMA CITY, FL 32405		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEASON, ALAN 4820 PARK STREET PANAMA CITY, FL 32404	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Alan C. Beason</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> 5-19-05 850/914-2112 <small>Date Daytime Phone #</small>		



05192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3346292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**