

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000047385

1. Entity Name
PARKER STEPHENS, INCORPORATED



Principal Place of Business

4917 EHRLICH RD
SUITE 204
TAMPA, FL 33624

Mailing Address

4917 EHRLICH RD
SUITE 204
TAMPA, FL 33624



02132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3384427

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

STEPHENS, WALLACE K
5213 RIPPLE CREEK DRIVE
TAMPA, FL 33625

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PSCT
NAME	STEPHENS, WALLACE K
STREET ADDRESS	5213 RIPPLE CREEK DR
CITY-ST-ZIP	TAMPA, FL 33625
TITLE	V
NAME	PARKER, PHIL
STREET ADDRESS	10106 YACHT CLUB DR
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	V
NAME	DONTON, AARON L V
STREET ADDRESS	17943 LAKE CARLTON DR.
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000639722
02/28/07-80035-016 150.00

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:

Wallace K. Stephens WALLACE K. STEPHENS, PRESIDENT, 2/13/07

813.944.9114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #