

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000104412

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: PARKMOUNT ENTERPRISES, INC.

## Current Principal Place of Business:

P.O. BOX 35109  
SARASOTA, FL 34242

## New Principal Place of Business:

1122 CRESCENT ST  
SARASOTA, FL 34242

## Current Mailing Address:

P.O. BOX 35109  
SARASOTA, FL 34242

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAFFERTY, CATHERINE  
1424 S. ANDREWS AVENUE  
SUITE 103  
FORT LAUDERDALE, FL 33316 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCHLEGEL, DOUGLAS  
Address: PO BOX 35109  
City-St-Zip: SARASOTA, FL 34242

Title: D ( ) Delete  
Name: FREASE, LETTIE  
Address: 3073 137TH ST  
City-St-Zip: TOLEDO, OH 43611

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS SCHLEGEL

DIR

03/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date