

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90074 003 ***150.00

DOCUMENT # P97000108089

1. Entity Name

THE D J PARKER CORPORATION



Principal Place of Business

1576 SUMMERCHASE LOOP
LADY LAKE FL 32162

Mailing Address

P.O. BOX 35
OXFORD FL 34484



2. Principal Place of Business

1835 US Hwy 1 So.

Suite, Apt. #, etc.

Ste 119 PMB 325

City & State

St Augustine FL

Zip

32084

Country

USA

3. Mailing Address

1835 US Hwy 1 So.

Suite, Apt. #, etc.

Ste 119 PMB 325

City & State

St Augustine FL

Zip

32084

Country

USA

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3483994

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PARKER, JEAN R
1576 SUMMERCHASE LOOP
LADY LAKE FL 32162

7. Name and Address of New Registered Agent

Name: Jean R. Parker
Street Address (P.O. Box Number is Not Acceptable):
1835 US Hwy 1 So
Ste 119 PMB 325
City: St Augustine FL Zip Code: 32084

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: Jean R. Parker Jean R. Parker 2/6/06
Signature, typed or printed name of registered agent and title if applicable (NOT Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PARKER, JEAN R. | |
| STREET ADDRESS | P.O. BOX 35 | |
| CITY-ST-ZIP | OXFORD FL 34484 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Parker, Jean R. | |
| STREET ADDRESS | 1835 US Hwy 1 So, Ste 119 PMB 325 | |
| CITY-ST-ZIP | St Augustine FL 32084 | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Richard L. Parker | |
| STREET ADDRESS | 1835 US Hwy 1 So, Ste 119 PMB 325 | |
| CITY-ST-ZIP | St Augustine FL 32084 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Jean R. Parker Jean R. Parker 2/6/06 352-409-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #