# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 04, 2008 8:00 am**
**Secretary of State**
02-04-2008 90036 041 ***150.00

DOCUMENT # P97000108089

1. Entity Name

THE D J PARKER CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| 1835 US HWY 1 S.<br>SUITE 119 PMB 325<br>SAINT AUGUSTINE FL 32084 | 1835 US HWY 1 S.<br>SUITE 119 PMB 325<br>SAINT AUGUSTINE FL 32084 |

1st MOORE CR2E034 (10/07)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 305 Wooded Crossing Cir | 305 Wooded Crossing Cir |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: St. Augustine, FL | City & State: St. Augustine FL |
| Zip: 32084 Country: USA | Zip: 32084 Country: USA |

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
1835 US HWY 1 S
SUITE 119 PMB 325
SAINT AUGUSTINE FL 32084

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable): 305 Wooded Crossing Cir

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 (Signature, typed or printed name of registered agent and date required.) (NOTE: Registered Agent signature required when submitting) DATE: Jan. 28, 2008

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2008 Fee Will Be $550.00**
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | P<br>PARKER, JEAN R.<br>1835 US HWY 1 S. SUITE 119 PMN 325<br>SAINT AUGUSTINE FL 32084 | ☐ Delete | P<br>Jean R. Parker<br>305 Wooded Crossing Cir<br>St. Augustine FL 32084 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>PARKER, RICHARD L<br>1835 US HWY 1 S. SUITE 119 PMB 325<br>SAINT AUGUSTINE FL 32084 | ☐ Delete | V<br>Richard R. Parker<br>305 Wooded Crossing Cir<br>St. Augustine FL 32084 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

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 Jan. 28, 2008 904-824-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #