2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000009622

I. Entity Name

R. PARKER LANDSCAPING INC.

FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business

12137 150TH CT. NORTH JUPITER, FL 33478 Mailing Address

P.O. BOX 1703

JUPITER, FL 33468-1703



01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0808326 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, RICK 12137 150TH CT. NORTH JUPITER, FL 33478

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	named entity submits this statement for the pons of registered agent	urpose of changing its registered	d office or ri	egistered agent, or bo	th, in the State of Florida. I am familiar	with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	t applicable (NOTE Registered	Agent signature	required when reinstating)	DATE	···
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	U00000114089 04/15/04-80036-001	150100
10. OFFICERS AND DIRECTORS						
TIPLE NAME STREET ADDRESS CITY ST ZIP	P PARKER, RICK P.O. BOX 1703 JUPITER, FL 334681703					
THE NAME STREET ADDRESS CHY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WRITE	
TATLE NAME STREET ADDRESS CHY ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP						
TITLE						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 embowered 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 audiress, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY+ST+ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

april 12,04

56/-575-2273

Daytime Phone #