


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-03-2005 90064 040 ***150.00

bbUzb400

DOCUMENT # P98000041303	
1. Entity Name PARKER BROS., INC.	

Principal Place of Business P.O. BOX 470481 KISSIMMEE, FL 34747-0481	Mailing Address P.O. BOX 470481 KISSIMMEE, FL 34747-0481
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07272005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3516150	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PARKER, ROBERT J 408 ARBOR CIRCLE KISSIMMEE, FL 34747		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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.

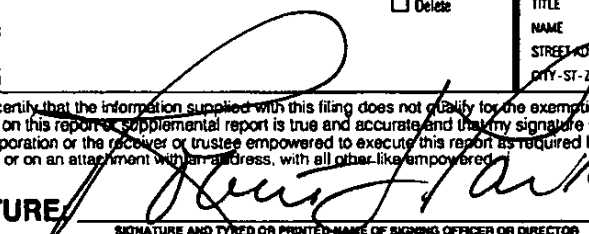
SIGNATURE:  DATE: **8-19-05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, ROBERT J			NAME			
STREET ADDRESS	P.O. BOX 470481 (NA)			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 347470481			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, JANIS J			NAME			
STREET ADDRESS	P.O. BOX 470481 (NA)			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 347470481			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, SUZANNE M			NAME			
STREET ADDRESS	P.O. BOX 470481 (NA)			STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE, FL 347470481			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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 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:  DATE: **8-19-05** (407) 791-0077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

LEC 026488
p98 000041303

**Re: Requesting waiver of late fee as 'Parker' relocated and
never received proper notification**

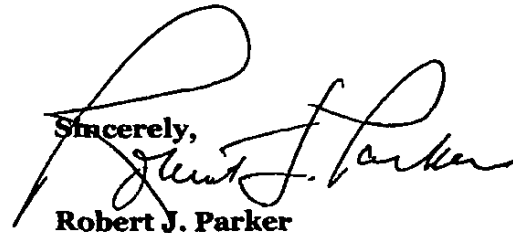
**P.O. Box 470481
Kissimmee, FL 34747
July 28, 2005**

**Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314**

Dear Sir:

**Having relocated from one address to another and with the Postal Service not
forwarding any/all mails, the annual report notice was not received.**

Sincerely,

A handwritten signature in black ink, appearing to read "Robert J. Parker", written over the word "Sincerely,".

Robert J. Parker

Incorrect: 408 Arbor Circle

CORRECT: 905 WESTPARK DR.