

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 05, 2008 8:00 am**  
**Secretary of State**

06-05-2008 90001 005 \*\*\*550.00

**DOCUMENT # P99000034769**

1. Entity Name  
**ANDREW PARKER & COMPANY, INC.**



Principal Place of Business Mailing Address  
**125 WORTH AVE 125 WORTH AVE**  
**SUITE 114 SUITE 114**  
**PALM BEACH, FL 33480 PALM BEACH, FL 33480**

**60044046**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**356 NORTH PALM VILLAS WAY 356 NORTH PALM VILLAS WAY**  
Suite, Apt. #, etc. Suite, Apt. #, etc.

01082008 Chg-P CR2E034 (12/06)

City & State City & State 4. FEI Number Applied For  
**PALM SPRINGS FL PALM SPRINGS FL 65-0911117** Not Applicable  
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
**33461 33461**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**PARKER, ANDREW** Name  
**356 NORTH PALM VILLAS WAY** Street Address (P.O. Box Number is Not Acceptable)  
**PALM SPRINGS, FL 33461** 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 \_\_\_\_\_  
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**  
**After May 1, 2008! Fee will be \$550.00**

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	<b>PD PARKER, ANDREW B 356 NORTH PALM VILLAS WAY PALM SPRINGS, FL 33461</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>356 NORTH PALM VILLAS WAY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/15/08 561-969-2510**  
Date Daytime Phone #