## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

PED OR PRINTED NAME OF SIGN

## Apr 25, 2008 8:00 am Secretary of State **DOCUMENT # P99000061186** 04-25-2008 90121 006 \*\*\*150.00 1. Entity Name PARKER INVESTMENTS, INC. Principal Place of Business Mailing Address AUDULUIA 3908 RYALWOOD COURT 1115 MARBELLA PLAZA DR VALRICO, FL 33594 TAMPA, FL 33619 3. Mailing Address 3908 Ryalwood Court 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Florida 52-2180296 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKER, DEREK Street Address (F O. Cox Number is Not Acceptable) 3908 RYALWOOD CT Banker Fowler, White, Boggs VALRICO, FL 33594 Kennedy Blud. 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 Signature, typed of phr Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, D X Delete Change TITLE TITLE Director ☐ Addition Kimberly A. Parker PARKER, DEREK NAME NAME 3908 Ryalwood Court 3908 RYALWOOD COURT STREET ADDRESS STREET ADORESS ValRico, FL 33596 CITY-ST-ZIP CITY-ST-ZIP VALRICO, FL 33594 President, Secretary & Treasurer Change Addition ☐ Delete TITLE NAME NAME Kimberly A. Parket STREET ADDRESS STREET ADDRESS 3908 Ryalwood Court CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Chance ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 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 truptee 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 any address, with all other like empowered. SIGNATURE:

Daytime Phone #