2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000075444

1. Entity Name
CHARLES B. PARKER, CPA, P.A.

Principal Place of Business	Mailing Address
14115 N.W. 150TH AVE.	PO BOX 429
ALACHUA, FL 32615	ALACHUA, FL 32616

DO NOT WRITE IN THIS SPACE

01072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3584466	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARKER, CHARLES B
14115 N.W. 150TH AVE.
ALACHUA, FL 32615

DO NOT WRITE IN THIS SPACE

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

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	U000000872042 04/10/08-80019-024 150.00

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	PARKER, CHARLES B
STREET ADDRESS	14115 N.W. 150TH AVE.
CITY-ST-ZIP	ALACHUA, FL 32615

TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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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: _Charles B. Parker_   2-8-08   386-462-2 PLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #