

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # S48217 1. Entity Name PARC REALTY, INC.	
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Principal Place of Business 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224 US	Mailing Address 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224 US
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01112006 No Chg-F CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3063759	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KLINPETER, ANNE T
4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARBOUR, GREGORY L. 4314 PABLO OAKS COURT JACKSONVILLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'STEEN ROGER M. 4314 PABLO OAKS COURT JACKSONVILLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OWENS, LAUREN L. 4314 PABLO OAKS COURT JACKSONVILLE, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLINPETER, ANNE T 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOCKTON, VICTORIA M 4314 PABLO OAKS COVER JACKSONVILLE, FL 32224
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/17/06-80003-015 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

A. T. Klinepeter

Anne T. Klinepeter

1/12/06

904.992-9750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #