

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # S48217

1. Entity Name
PARC REALTY, INC.



Principal Place of Business
**4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224 US**

Mailing Address
**4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224 US**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3063759

Applied For
Not Applicable

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

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, 2008 Fee will be \$550.00**

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

000000806469
02/06/08-80043-010-150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BARBOUR, GREGORY L.
STREET ADDRESS 4314 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL

TITLE D
NAME O'STEEN ROGER M.
STREET ADDRESS 4314 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL

TITLE ST
NAME OWENS, LAUREN L.
STREET ADDRESS 4314 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL

TITLE VP
NAME KLINPETER, ANNE T
STREET ADDRESS 4314 PABLO OAKS COURT
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE VP
NAME STOCKTON, VICTORIA M
STREET ADDRESS 4314 PABLO OAKS COVER
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

es. Klinepeter **Anne T. Klinepeter**

1-16-08

904-992-9750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #