

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90045 018 ***150.00

DOCUMENT # V12789

1. Entity Name

PARKER/BILLINGS REAL ESTATE, INC.



Principal Place of Business

6500 WEST COLONIAL DRIVE
ORLANDO FL 32818

Mailing Address

6500 WEST COLONIAL DRIVE
ORLANDO FL 32818

2. Principal Place of Business

1478 MAGELLAN CIR.

Suite, Apt. #, etc.

ORL. FLA - 32818

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

ORANGE

Country

4. FEI Number

59-3107059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)



6. Name and Address of Current Registered Agent

WILLIAMS, JANET R
17547 COTTAGE COURT
KILLARNEY FL 34740

7. Name and Address of New Registered Agent

Name

NORMAN D. WHITE

Street Address (P.O. Box Number is Not Acceptable)

3521 S. CLARCONA RD

City

APOLKA, FLA - 32703

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

Carl H. Parker Pres.

2-2-06

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DST ☐ Delete
NAME DANIELS, NANCY D
STREET ADDRESS 1023 ROYAL VIEW CIR.
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE DP ☐ Delete
NAME PARKER, CARL H
STREET ADDRESS 1478 MAGELLAN CIRCLE
CITY-ST-ZIP ORLANDO FL 32818

TITLE DV ☐ Delete
NAME BILLINGS, LOUISE H
STREET ADDRESS 3813 WESTERHAM DR
CITY-ST-ZIP CLERMONT FL 34711

TITLE DU ☐ Delete
NAME WHITE, NORMAN D.
STREET ADDRESS 3521 S. CLARCONA RD.
CITY-ST-ZIP APOKA, FL. 32703-9794

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Carl H. Parker (CARL H. PARKER) Pres.

2-2-06

407 484 5252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #