


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # V25124 1. Entity Name KATHRYN A. PARKER, INC.	
--	---

Principal Place of Business 11121 NW 15 PL GAINESVILLE, FL 32606	Mailing Address 500 E. UNIVERSITY AVENUE SUITE A GAINESVILLE, FL 32602
--	--

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3185978	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SALZMAN, ANTHONY J. MOODY & SALZMAN 500 E. UNIVERSITY AVE., SUITE A GAINESVILLE, FL 32602-2759	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000199443 01/27/05 00090-013 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKER, KATHRYN A. 11121 NW 15TH PLACE GAINESVILLE, FL 32606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date: Jan 25, 2005	Daytime Phone #
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

352 332 0282