


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 20, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # V43438</b> 1. Entity Name <b>DEICHMAN-PARKER, INC.</b>	
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Principal Place of Business <b>155 CARLYLE DR PALM HARBOR, FL 34683</b>	Mailing Address <b>155 CARLYLE DR PALM HARBOR, FL 34683</b>
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04182006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2669629</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>DEICHMAN, LINDA 155 CARLYLE DR PALM HARBOR, FL 34683</b>
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**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

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>DEICHMAN, GREGORY A 155 CARLYLE DR PALM HARBOR, FL 34683</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>PARKER, ROBERT T JR. 153 BROOKSIDE COURT PALM HARBOR, FL 34683</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>DEICHMAN, LINDA 155 CARLYLE DRIVE PALM HARBOR, FL 34683</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/06-80146-009 150.00

**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:** *Linda Deichman* Linda Deichman 4/18/06 727-736-9090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #