

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89605

Entity Name: PARKHILL, INC.

Current Principal Place of Business:

10101 BURNT STORE RD #300
PUNTA GORDA, FL 33950

Current Mailing Address:

C/O PALMER PROPERTY MANAGEMENT
PO BOX 494437
PORT CHARLOTTE, FL 33949 US

FEI Number: 59-2642868

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALMER PROPERTY MANAGEMENT
4456 TAMIAMI TR., A5
PUNTA GORDA, FL 33980 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER, DIRECTOR
Name LARSON, LARRY
Address C/O PALMER PROPERTY
 MANAGEMENT
 PO BOX 494437
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR
Name PARENT, ERNIE
Address C/O PALMER PROPERTY
 MANAGEMENT
 PO BOX 494437
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR
Name FREMONT, MERRIAM
Address C/O PALMER PROPERTY
 MANAGEMENT
 PO BOX 494437
City-State-Zip: PORT CHARLOTTE FL 33949

Title VP, DIRECTOR
Name BARBER, ANGIE
Address C/O PALMER PROPERTY
 MANAGEMENT
 PO BOX 494437
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR
Name SPRAY, TOM
Address C/O PALMER PROPERTY
 MANAGEMENT
 PO BOX 494437
City-State-Zip: PORT CHARLOTTE FL 33949

Title PRESIDENT, DIRECTOR
Name KENDALL, JEFF
Address C/O PALMER PROPERTY
 MANAGEMENT
 PO BOX 494437
City-State-Zip: PORT CHARLOTTE FL 33949

Title SECRETARY, DIRECTOR
Name SWAFFORD, SUE
Address C/O PALMER PROPERTY
 MANAGEMENT
 PO BOX 494437
City-State-Zip: PORT CHARLOTTE FL 33949

Title DIRECTOR
Name GRINCAVITCH, JIM
Address C/O PALMER PROPERTY
 MANAGEMENT
 PO BOX 494437
City-State-Zip: PORT CHARLOTTE FL 33949

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFF KENDALL

PRESIDENT

02/27/2013

Officer/Director Detail Continued :

Title DIRECTOR
Name OLIVIERE, CARMEN
Address C/O PALMER PROPERTY MANAGEMENT
 PO BOX 494437
City-State-Zip: PORT CHARLOTTE FL 33949