

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068753

FILED
Apr 25, 2008
Secretary of State

Entity Name: PAR UTILITIES, INC.

Current Principal Place of Business:

11497 NW 112 PL
CHIEFLAND, FL 32626

New Principal Place of Business:

10851 NE 95 STREET
ARCHER, FL 32618

Current Mailing Address:

P O BOX 72
CHIEFLAND, FL 32644

New Mailing Address:

FEI Number: 59-3666004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARNELL, LONNIE
10851 NE 95TH ST
BRONSON, FL 32621 US

Name and Address of New Registered Agent:

PARNELL, LONNIE
10851 NE 95TH ST
ARCHER, FL 32618 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

04/25/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: PARNELL, LONNIE
Address: 10851 NE 95TH ST
City-St-Zip: BRONSON, FL 32621

Title: VS () Delete
Name: PARNELL, ROYANNA
Address: 10851 NE 95TH ST
City-St-Zip: BRONSON, FL 32621

Title: JRVS () Delete
Name: PARNELL, ISRAEL R JRVS
Address: 8430 NE 100 AVE
City-St-Zip: BRONSON, FL 32621 LE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: PARNELL, LONNIE
Address: 10851 NE 95TH ST
City-St-Zip: ARCHER, FL 32618

Title: VS (X) Change () Addition
Name: PARNELL, ROYANNA
Address: 10851 NE 95TH ST
City-St-Zip: ARCHER, FL 32618

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LONNIE W PARNELL

Electronic Signature of Signing Officer or Director

PT

04/25/2008

Date