

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000068753

Entity Name: PAR UTILITIES, INC.

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

10851 NE 95 STREET  
ARCHER, FL 32618

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 72  
CHIEFLAND, FL 32644

**New Mailing Address:**

10851 NE 95 STREET  
ARCHER, FL 32618

FEI Number: 59-3666004

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

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

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 PARNELL

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date