

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000012480

Entity Name: PARSLEY CORP.

FILED
Jan 21, 2009
Secretary of State

Current Principal Place of Business:

1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32202

New Principal Place of Business:

3832-10 BAYMEADOWS ROAD
353
JACKSONVILLE, FL 32217

Current Mailing Address:

1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32202

New Mailing Address:

3832-10 BAYMEADOWS ROAD
353
JACKSONVILLE, FL 32217

FEI Number: 20-2212509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWERS, VICTORIA D
1914 ART MUSEUM DRIVE
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

TOWERS, VICTORIA D
3832-10 BAYMEADOWS ROAD
353
JACKSONVILLE, FL 32217 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: VICTORIA D. TOWERS

01/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TOWERS, L. RANDALL
Address: 1914 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: TOWERS, VICTORIA D
Address: 1914 ART MUSEUM DRIVE
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TOWERS, L. RANDALL
Address: 3832-10 BAYMEADOWS ROAD, SUTE 353
City-St-Zip: JACKSONVILLE, FL 32217

Title: D (X) Change () Addition
Name: TOWERS, VICTORIA D
Address: 3832-10 BAYMEADOWS ROAD, SUITE 353
City-St-Zip: JACKSONVILLE, FL 32217

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: VICTORIA D. TOWERS

D

01/21/2009

Electronic Signature of Signing Officer or Director

Date