

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000156960

**Entity Name:** ALYCOLE INC.

**Current Principal Place of Business:**

4012 CORTEZ RD W  
2103  
BRADENTON, FL 34210

**Current Mailing Address:**

4012 CORTEZ RD W  
2103  
BRADENTON, FL 34210

**FEI Number:** 20-5429152

**Certificate of Status Desired:** No

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

PARSONS, WILLIAM T  
6455 GATEWAY AVE  
SARASOTA, FL 34231 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	P	Title	VP
Name	PARSONS, WILLIAM T	Name	PARSONS, CHRISTOPHER T
Address	6455 GATEWAY AVE	Address	6455 GATEWAY AVE
City-State-Zip:	SARASOTA FL 34231	City-State-Zip:	SARASOTA FL 34231
Title	TRES	Title	DIR
Name	PARSONS, TERESA C	Name	PARSONS, VALERIE K
Address	4932 WINDFLOWER CIRCLE	Address	7230 CURLEW ST
City-State-Zip:	SARASOTA FL 34241	City-State-Zip:	SARASOTA FL 34241

*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:** WILLIAM T PARSONS

**PRESIDENT**

**03/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date