

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 186775

FILED
Feb 11, 2009
Secretary of State

Entity Name: PARSON ENTERPRISES INC

Current Principal Place of Business:

PARSON ENTERPRISE INC
1347 N MAGNOLIA DR
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

PARSON ENTERPRISES INC
1347 N MAGNOLIA DR
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-0945213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARSON, RUBY
1347 N. MANGONIA DR.
W.P. BCH, FL 33401 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: P () Delete
Name: PARSON, RUBY
Address: 1347 N.MANGONIA DR.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S () Delete
Name: PARSON, JAKE A.
Address: 1347 N. MANGONIA DR.
City-St-Zip: W.P. BCH, FL

Title: VP () Delete
Name: PARSON, GAIL
Address: 1347 N. MANGONIA DR.
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S () Delete
Name: PARSON, FORREST E.
Address: 1347 N. MANGONIA DR.
City-St-Zip: W.P. BCH, FL

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:

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: GAIL PARSON

VP

02/11/2009

Electronic Signature of Signing Officer or Director

_____ Date