

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 400673

1. Entity Name
PARSONS & SONS, INC.



Principal Place of Business
**9891 ADAMS ROAD
WELLBORN, FL 32094 US**

Mailing Address
**9891 ADAMS ROAD
WELLBORN, FL 32094 US**



01252004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1395344

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MCDAVID, TERRY
128 S. HERNANDO STREET
LAKE CITY, FL 32055**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000026170
02/02/04-80133-022 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVD PARSONS, MICHAEL 13165 - 92ND STREET LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PARSONS, DONNA B 13165 - 92ND STREET LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Parsons, Pres

386-963-2221

Date

Daytime Phone #