

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # 577324

1. Entity Name
PARRAN PROPERTIES, INC.



FILED
Feb 23, 2004 08:00 AM
Secretary of State

Principal Place of Business
**6119 CALLAGHAN ROAD
SAN ANTONIO, TX 78228 US**

Mailing Address
**P O BOX 40279
SAN ANTONIO, TX 78229 US**



02052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1808145	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

**TOWNSEND, WILLIAM L JR.
200 REID ST.
PALATKA, FL 32177**

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHEELE, EDGAR VON JR. 6119 CALLAGHAN RD SAN ANTONIO, TX 78228
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, W. L. 6119 CALLAGHAN RD SAN ANTONIO, TX 78228
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	

000000064069
02/23/04-80187-021 150.00

**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)(i), 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: *Edgar von Scheele*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-04 (210) 680-6112
Date Daytime Phone #