


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90423 025 ***150.00

DOCUMENT # 842934 1. Entity Name PARSONS CONSTRUCTORS INC.					
Principal Place of Business 100 W. WALNUT ST. PASADENA, CA 91124 US			Mailing Address 9906 GULF FRWY ATTN: MELINDA YARBROUGH HOUSTON, TX 77034 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ANTUONO, M. W.		NAME		
STREET ADDRESS	100 W. WALNUT ST.		STREET ADDRESS		
CITY-ST-ZIP	PASADENA, CA 91124		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWER, CURTIS A		NAME		
STREET ADDRESS	100 WEST WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	PASADENA, CA 91124		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMP, ROBERT J		NAME		
STREET ADDRESS	9906 GULF FRWY		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77034		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHANSON, THOMAS L		NAME		
STREET ADDRESS	100 W. WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	PASADENA, CA 91124		CITY-ST-ZIP		
TITLE	VPAS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSEN, IAN R		NAME		
STREET ADDRESS	100 W WALNUT STREET		STREET ADDRESS		
CITY-ST-ZIP	PASADENA, CA 91124		CITY-ST-ZIP		
TITLE	VPAS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, ROBERT W		NAME		
STREET ADDRESS	100 W. WALNUT ST.		STREET ADDRESS		
CITY-ST-ZIP	PASADENA, CA 91124		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		
			_____ <small>Date</small>		
			_____ <small>Daytime Phone #</small>		



04192006 Chg-P CR2E034 (11/05)

4. FEI Number **95-3297184** Applied For ☐ Not Applicable

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

ASST
Secretary 4-26-06