

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90029 015 ***150.00

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1. Entity Name
BENNY PARSONS AND ASSOCIATES, INC.



Principal Place of Business
**2049 COUNTRY CLUB DRIVE
DAYTONA-BEACH, FL 32128**

Mailing Address
**2049 COUNTRY CLUB DRIVE
DAYTONA-BEACH, FL 32128**

40039085



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03092005 Chg-P CR2E034 (10/03)

City & State

Port Orange

City & State

Port Orange

4. FEI Number
56-1313017

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARSONS, BENJAMIN
2049 COUNTRY CLUB DRIVE
DAYTONA-BEACH, FL 32128**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

Port Orange

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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete
NAME PARSONS, BENJAMIN
STREET ADDRESS 2049 COUNTRY CLUB DRIVE
CITY-ST-ZIP DAYTONA-BEACH, FL 32128

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Port Orange**

TITLE DS ☐ Delete
NAME PARSONS, TERESA
STREET ADDRESS 2049 COUNTRY CLUB DRIVE
CITY-ST-ZIP DAYTONA-BEACH, FL 32128

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Port Orange**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

BENNY PARSONS (Pres)

3.23.2005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #