

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F42617

1. Entity Name
PARSLEY REAL ESTATE, INC.



Principal Place of Business
**4635 N. CARL G. ROSE HWY.
STATE ROAD 200
HERNANDO, FL 34442 US**

Mailing Address
**4635 N. CARL G. ROSE HWY.
STATE ROAD 200
HERNANDO, FL 34442 US**



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2230565

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PARSLEY, DIXIE
4635 N CARL G ROSE HWY
STATE RD 200
HERNANDO, FL 34442**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

1000000400188
02/01/06-80042-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARSLEY, DIXIE
STREET ADDRESS	4635 N. CARL G. ROSE HWY. - S.R. 200
CITY - ST - ZIP	HERNANDO, FL 34442
TITLE	VST
NAME	PARSLEY, DIXIE
STREET ADDRESS	4635 N. CARL G. ROSE HWY. - S.R. 200
CITY - ST - ZIP	HERNANDO, FL 34442
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06

(352) 726-2628

Date

Daytime Phone #