

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93084

FILED
Apr 30, 2004
Secretary of State

Entity Name: PARSONS DISTRIBUTING, INC.

Current Principal Place of Business:

% QUENTIN PARSONS
2235 16TH AVENUE NORTH
ST PETERSBURG, FL 33713 US

New Principal Place of Business:

Current Mailing Address:

% QUENTIN PARSONS
2235 16TH AVENUE NORTH
ST PETERSBURG, FL 33713 US

New Mailing Address:

FEI Number: 59-2224802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARSONS, QUENTIN
2235 16TH AVENUE N
SAINT PETERSBURG, FL 33713

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARSONS, QUENTIN C.,
Address: 521-64TH AVENUE
City-St-Zip: ST PETERSBURG BCH, FL

Title: T () Delete
Name: PARSONS, SANDRA
Address: 2235 16TH AVE NO
City-St-Zip: ST PETERSBURG, FL

Title: S () Delete
Name: PARSONS, PATRICIA
Address: 2235 16TH AVE NO
City-St-Zip: ST PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PARSONS, SANDRA
Address: 2235 16TH AVE NO
City-St-Zip: ST PETERSBURG, FL 33713

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA PARSONS

T

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date