## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F97000003507

1. Entity Name

PARSONS COMMERCIAL MAINTENANCE & CONTRACTING COMPANY, INC.



FILED Jan 15, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

300 GULF BOULEVARD

BELLEAIR SHORE, FL 33786 US

300 GULF BOULEVARD

BELLEAIR SHORE, FL 33786

US



01112004

No Chg-P

CR2E034 (10/03)

4. FEI Number 36-4162909 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PARSONS, ROBERT W 300 GULF BOULEVARD BELLEAIR BEACH, FL 33786

SIGNATURE:

## 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 tide 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		Election Campaign Financing     Trust Fund Contribution.	<sup>7</sup> 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
HILE NAME STREET ADDRESS CHY-SI-ZIP	PS PARSONS, ROBERT W 300 GULF BOULEVARD BELLEAIR BEACH, FL 33786				HOOOOOOSS??
TITLE NAME STREET ADDRESS GITY-ST-ZIP					U00000005577 01/15/04-80058-008 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE
TITLE NAME STREET ADDRESS CHY-SI-ZP					
TITLE NAME STREET ADORESS 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 Tepori of 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 receives 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.					