

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G75398

FILED
Apr 14, 2009
Secretary of State

Entity Name: CHARLES H. PARSONS ARCHITECT, P.A.

Current Principal Place of Business:

202 BROADWAY
KISSIMMEE, FL 34741

New Principal Place of Business:

117 B BROADWAY
KISSIMMEE, FL 34741

Current Mailing Address:

202 BROADWAY
KISSIMMEE, FL 34741

New Mailing Address:

117 B BROADWAY
KISSIMMEE, FL 34741

FEI Number: 59-2367768

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARSONS, DALE
202 BROADWAY
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

PARSONS, DALE
117 B BROADWAY
KISSIMMEE, FL 34741 US

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: _____

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: PARSONS, CHARLES H.
Address: 202 BROADWAY
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: PARSONS, CHARLES H.
Address: 202 BROADWAY
City-St-Zip: KISSIMMEE, FL 34741

Title: P (X) Delete
Name: PARSONS, DALE H.
Address: 202 BROADWAY
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: PARSONS, CHARLES H.
Address: 117 B BROADWAY
City-St-Zip: KISSIMMEE, FL 34741

Title: P (X) Change () Addition
Name: PARSONS, DALE
Address: 117 B BROADWAY
City-St-Zip: KISSIMMEE, FL 34741

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DALE PARSONS

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date