

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G75398

FILED  
Apr 15, 2011  
Secretary of State

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

**Current Principal Place of Business:**

117 B BROADWAY  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

117 B BROADWAY  
KISSIMMEE, FL 34741

**New Mailing Address:**

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  
117 B BROADWAY  
KISSIMMEE, FL 34741 US

**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

**OFFICERS AND DIRECTORS:**

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

Title: P  
Name: PARSONS, DALE  
Address: 117 B BROADWAY  
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: DALE PARSONS

P

04/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date