

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 9:01

DOCUMENT # H10664

1. Entity Name
PARENT MANAGEMENT CO., INC.



Principal Place of Business
613 S. 12TH STREET
LEESBURG, FL 34748 US

Mailing Address
613 S. 12TH STREET
LEESBURG, FL 34748 US

DO NOT WRITE IN THIS SPACE



03072006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2471426

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MAGALSKI, BARBARA A
613 S. 12TH STREET
LEESBURG, FL 34749

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**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

10. OFFICERS AND DIRECTORS

TITLE PST
NAME MAGALSKI, BARBARA A
STREET ADDRESS 613 S. 12TH STREET
CITY-ST-ZIP LEESBURG, FL 34748

TITLE D
NAME MAGALSKI, BARBARA A
STREET ADDRESS 613 S. 12TH STREET
CITY-ST-ZIP LEESBURG, FL 34748

TITLE V
NAME MAGALSKI, DAVID
STREET ADDRESS 613 S. 12TH STREET
CITY-ST-ZIP FRUITLAND PARK, FL 34748

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400074180864
05/08/06--01026--011 **690.00

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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 Barbara Magalski 4-13-06 (353) 287-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #