2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2011
Secretary of State

DOCUMENT# H10664

Entity Name: PARENT MANAGEMENT CO., INC.

Current Principal Place of Business:

613 S. 12TH STREET
LEESBURG, FL 34748 US

New Principal Place of Business:

Current Mailing Address:

613 S. 12TH STREET
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 59-2471426 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAGALSKI, BARBARA A
613 S. 12TH STREET
LEESBURG, FL 34749 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: PST
Name: MAGALSKI, BARBARA A
Address: 613 S. 12TH STREET
City-St-Zip: LEESBURG, FL 34748

Title: D
Name: MAGALSKI, BARBARA A
Address: 613 S. 12TH STREET
City-St-Zip: LEESBURG, FL 34748

Title: V
Name: MAGALSKI, DAVID
Address: 613 S. 12TH STREET
City-St-Zip: FRUITLAND PARK, FL 34748

Title: DIR
Name: MAGALSKI, SHELLEY A
Address: 613 SOUTH 12TH STREET
City-St-Zip: LEESBURG, FL 34748

Title: DIR
Name: MAGALSKI, JAMES H
Address: 613 SOUTH 12TH STREET
City-St-Zip: LEESURG, FL 34748

Title: DIR
Name: MAGALSKI, SANDRA D
Address: 613 SOUTH 12TH STREET
City-St-Zip: LEESBURG, FL 34748

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: BARBARA MAGALSKI PST 03/29/2011
Electronic Signature of Signing Officer or Director Date