

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J70185

Entity Name: PAR-MAN, INC.

FILED  
Apr 24, 2012  
Secretary of State

**Current Principal Place of Business:**

2840 ELKCAM BLVD  
DELTONA, FL 32738 US

**New Principal Place of Business:**

**Current Mailing Address:**

2840 ELKCAM BLVD  
DELTONA, FL 32738 US

**New Mailing Address:**

FEI Number: 59-2803561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARMAN, PAYTON E.  
2840 ELKCAM BLVD  
DELTONA, FL 32738 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: P  
Name: PARMAN, PAYTON E.  
Address: 385 FT. SMITH BLVD.  
City-St-Zip: DELTONA, FL 32738,

Title: T  
Name: PARMAN, SARAH R.  
Address: 385 FT. SMITH BLVD.  
City-St-Zip: DELTONA, FL

Title: V  
Name: PARMAN, THOMAS P.  
Address: 770 GRAND PLAZA DRIVE  
City-St-Zip: ORANGE CITY, FL

Title: S  
Name: STEPHENSON, VIRIGINIA  
Address: 3067 HALLOW DR.  
City-St-Zip: DELTONA, FL

Title: D  
Name: WEHNER, VICKIE  
Address: 225 TOLLGATE TRAIL  
City-St-Zip: LONGWOOD, FL 32750

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: VICKIE WEHNER

D

04/24/2012

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

\_\_\_\_\_  
Date