

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # L84464

1. Entity Name
CONTRACTORS INDUSTRIAL CHOICE, INC.



Principal Place of Business
**3800 N. DAVIS HWY
PENSACOLA, FL 32503**

Mailing Address
**PO BOX 9397
PENSACOLA, FL 32513-9397 US**



04252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3016175

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SWISHER, JOHN E.
2950 5TH AVE. N.
ST. PETERSBURG, FL 33713**

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000931140
05/22/08-80003-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	PARSONS, BRENDA D
STREET ADDRESS	P O BOX 9397
CITY-ST-ZIP	PENSACOLA, FL 32513
TITLE	SD
NAME	MAXWELL, PARSONS H
STREET ADDRESS	P O BOX 9397
CITY-ST-ZIP	PENSACOLA, FL 32513
TITLE	C
NAME	PARSONS, BRENDA D
STREET ADDRESS	P O BOX 9397
CITY-ST-ZIP	PENSACOLA, FL 32513
TITLE	D
NAME	PARSONS, H. M
STREET ADDRESS	P O BOX 9397
CITY-ST-ZIP	PENSACOLA, FL 32513
TITLE	VD
NAME	DEMOSS, MARK D
STREET ADDRESS	725 ARTILLERY RANGE N
CITY-ST-ZIP	SPANISH FORT, AL 36527
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brenda D Parsons **President** **4-25-08** **850.432-0200**