

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90037 026 ****70.00

DOCUMENT # N97000000589

1. Entity Name
PARC SUPPORT SERVICES, INC.



Principal Place of Business
**3190 TYRONE BLVD. NORTH
ST PETERSBURG, FL 33710**

Mailing Address
**3190 TYRONE BLVD. NORTH
ST PETERSBURG, FL 33710**

94030225



03032004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3438574

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THOMAS, CURTIS D
3190 TYRONE BLVD. NORTH
ST PETERSBURG, FL 33710**

**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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAPRADE, MARK
11 PARADISE LANE
TREASURE ISLAND, FL 33706**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CRAWFORD, BRUCE
7425 WATERSILK DR.
PINELLAS PARK, FL 34666**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MEDLEY, MARTY
4300 45 STREET SOUTH
ST PETERSBURG, FL 33712**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PILKINGTON, DAVE
11701 BELCHER RD, STE. 104
LARGO, FL 33643**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARR, SKIP
6518 4 STREET NORTH
ST PETERSBURG, FL 33702**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
THOMAS, CURTIS D
3190 TYRONE BLVD
ST PETERSBURG, FL 337437799**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

Curtis Thomas - President

3/4/04

727-345-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #