


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90223 019 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04192005 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-3438574				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THOMAS, CURTIS D 3190 TYRONE BLVD. NORTH ST PETERSBURG, FL 33710			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAPRADE, MARK	NAME			
STREET ADDRESS	11 PARADISE LANE	STREET ADDRESS			
CITY-ST-ZIP	TREASURE ISLAND, FL 33706	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRAWFORD, BRUCE	NAME			
STREET ADDRESS	7425 WATERSILK DR.	STREET ADDRESS			
CITY-ST-ZIP	PINELLAS PARK, FL 34666	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MEDLEY, MARTY	NAME	David Punzak		
STREET ADDRESS	4300 45 STREET SOUTH	STREET ADDRESS	One Progress Plaza, 20th Floor		
CITY-ST-ZIP	ST PETERSBURG, FL 33712	CITY-ST-ZIP	St. Petersburg, FL 33701		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PILKINGTON, DAVE	NAME			
STREET ADDRESS	11701 BELCHER RD, STE. 104	STREET ADDRESS			
CITY-ST-ZIP	LARGO, FL 33643	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CARR, SKIP	NAME	Philip Powell		
STREET ADDRESS	6518 4 STREET NORTH	STREET ADDRESS	262 4th Avenue North		
CITY-ST-ZIP	ST PETERSBURG, FL 33702	CITY-ST-ZIP	St. Petersburg, FL 33701		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMAS, CURTIS D	NAME			
STREET ADDRESS	3190 TYRONE BLVD	STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 337437799	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 another like empowered.					
SIGNATURE: <i>Theresa Hohman</i>		4/19/2005		(727)345-9111	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	
Theresa Hohman, Director of Accounting					