

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90045 002 ****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 Suite, Apt. #, etc.,			3. Mailing Address Suite, Apt. #, etc.,		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3438574	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent THOMAS, CURTIS D 3190 TYRONE BLVD. NORTH ST PETERSBURG, FL 33710				7. Name and Address of New Registered Agent Name BUCHHOLTZ, SUSAN, M. Street Address (P.O. Box Number is Not Acceptable) 3190 TYRONE BLVD NORTH City ST. PETERSBURG FL Zip Code 33710	
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 <i>Susan M. Buchholtz</i> Susan M. Buchholtz, President PARC 1/13/2006 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	D LAPRADE, MARK 11 PARADISE LANE TREASURE ISLAND, FL 33706	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, BRUCE 7425 WATERSILK DR. PINELLAS PARK, FL 34666	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUNZAK, DAVID ONE PROGRESS PLAZA, 20TH FLOOR SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PILKINGTON, DAVE 11701 BELCHER RD, STE. 104 LARGO, FL 33643	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANSON, ERIC ONE PROGRESS PLAZA, STE 165' ST. PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POWELL, PHILIP 262 4TH AVENUE NORTH SAINT PETERSBURG, FL 33701	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, CURTIS D 3190 TYRONE BLVD ST PETERSBURG, FL 337437799	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCHHOLTZ, SUSAN M. 3190 TYRONE BLVD NORTH ST. PETERSBURG, FL 33710
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 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: <i>Theresa Hohman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					(727) 345-9111 <small>Date Daytime Phone #</small>

Theresa Hohman, Director of Accounting