

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000052365		
1. Entity Name G.A. PARSONS, INC.		

Principal Place of Business 870 TAYLOR ROAD DAYTONA BEACH FL 32127	Mailing Address 870 TAYLOR ROAD DAYTONA BEACH FL 32127
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-3723672** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**WICKERSHAM, CHRISTOPHER W SR.
501 N. GRANDVIEW AVE., STE. 105
DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	☐ Delete		TITLE		☐ Change	☐ Add
NAME	PARSONS, GLENN			NAME			
STREET ADDRESS	830 PINE FOREST TRAIL WEST			STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL 32127			CITY-ST-ZIP			
TITLE	VP	☐ Delete		TITLE		☐ Change	☐ Add
NAME	PARSONS, AUSTIN			NAME			
STREET ADDRESS	830 PINE FOREST TRAIL WEST			STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL 32127			CITY-ST-ZIP			
TITLE	T	☐ Delete		TITLE		☐ Change	☐ Add
NAME	SCALF, LEONARD W			NAME			
STREET ADDRESS	1152 13TH STREET			STREET ADDRESS			
CITY-ST-ZIP	HOLLY HILL FL 32117			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an an attachment with an address, with all other like empowered.

SIGNATURE: _____