

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000136202

FILED
Mar 17, 2008
Secretary of State

Entity Name: MIKE PARSONS CONSTRUCTION, INC.

Current Principal Place of Business:

801 1/2 NICOLETT AVE
WINTER PARK, FL 32722

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 229225
GLENWOOD, FL 32722

New Mailing Address:

FEI Number: 20-0411700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARSONS, MICHAEL D
2015 HAWK HAVEN TR
DELAND, FL 32720 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PARSONS, MICHAEL D
Address: P.O. BOX 229225
City-St-Zip: GLENWOOD, FL 32722

Title: VP () Delete
Name: PARSONS, DEBORAH
Address: P.O. BOX 229225
City-St-Zip: GLENWOOD, FL 32722

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PARSONS, DEBORAH
Address: P.O. BOX 229225
City-St-Zip: GLENWOOD, FL 32722

Title: VP () Change (X) Addition
Name: CROWNOVER, CHRISTOPHER
Address: 1420 GUERNSEY ST
City-St-Zip: ORLANDO, FL 32804

Title: D () Change (X) Addition
Name: CROWNOVER, ALISA
Address: 1420 GUERNSEY ST
City-St-Zip: ORLOANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PARSONS

P

03/17/2008

Electronic Signature of Signing Officer or Director

Date