

## 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000139632

FILED  
Apr 11, 2007  
Secretary of State

Entity Name: ROGER L. PARSONS INSURANCE AGENCY, INC.

### Current Principal Place of Business:

474 NORTH HARBOR CITY BOULEVARD  
SUITE 4  
MELBOURNE, FL 32935

### New Principal Place of Business:

366 N BABCOCK ST  
SUITE 102  
MELBOURNE, FL 32935

### Current Mailing Address:

474 NORTH HARBOR CITY BOULEVARD  
SUITE 4  
MELBOURNE, FL 32935

### New Mailing Address:

366 N BABCOCK ST  
SUITE 102  
MELBOURNE, FL 32935

FEI Number: 57-1194259

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

### Name and Address of Current Registered Agent:

ROGER L PARSONS INS AGENCY INC  
474 N. HARBOR CITY BLVD  
SUITE 4  
MELBOURNE, FL 32935 US

### Name and Address of New Registered Agent:

ROGER L PARSONS INS AGENCY INC  
366 N BABCOCK ST  
SUITE 102  
MELBOURNE, FL 32935 US

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:

04/11/2007

Electronic Signature of Registered Agent

Date

### OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: PARSONS, ROGER L  
Address: 474 NORTH HARBOR CITY BOULEVARD STE 4  
City-St-Zip: MELBOURNE, FL 32935

Title: V ( ) Delete  
Name: PARSONS, MAUREEN O  
Address: 474 NORTH HARBOR CITY BOULEVARD STE 4  
City-St-Zip: MELBOURNE, FL 32935

### ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: PARSONS, ROGER L  
Address: 366 N BABCOCK ST SUITE 102  
City-St-Zip: MELBOURNE, FL 32935

Title: V (X) Change ( ) Addition  
Name: PARSONS, MAUREEN O  
Address: 366 N BABCOCK ST SUITE 102  
City-St-Zip: MELBOURNE, FL 32935

I hereby certify that the information supplied with this filing does not qualify for the 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: ROGER L PARSONS

PSTD

04/11/2007

Electronic Signature of Signing Officer or Director

Date