

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000094684
 1. Entity Name
T PARSONS, INC



Principal Place of Business
**269 WATERS EDGE DR S
 PONTE VEDRA BEACH, FL 32082**

Mailing Address
**269 WATERS EDGE DR S
 PONTE VEDRA BEACH, FL 32082**

DO NOT WRITE IN THIS SPACE



04092008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1276077

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

6. Name and Address of Current Registered Agent

**PARSONS, TERRI L
 269 WATERS EDGE DR S
 PONTE VEDRA BEACH, FL 32082**

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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, 2008 Fee will be \$550.00**

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

U00000951491
 06/04/08-80037-003 550.00

10. OFFICERS AND DIRECTORS

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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 607, 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: *Terril Parsons* **4/10/08 904285-9303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #