2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State
03-18-2005 90068 049 ***158.75

DOCUMENT # P04000105790

1. Entity Name
PARSES, INC.

Principal Place of Business	Mailing Address
3816 WEST LINEBAUGH AVENUE SUITE 210 TAMPA, FL 33618	3816 WEST LINEBAUGH AVENUE SUITE 210 TAMPA, FL 33618

DUU4/3UZ

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3350 BUSCHWOOD PK DR.	3350 BUSCHWOOD PK DR
Suite, Apt. #, etc. SUITE 120	Suite, Apt. #, etc. SUITE 120
City & State TAMPA, FL.	City & State TAMPA, FL.
Zip / Country 33618 / USA	Zip / Country 33618 / USA

4. FEI Number
20-1377532
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCHIFINO, WILLIAM J SR
WILLIAMS SCHIFINO MANGIONE ET AL.
ONE TAMPA CITY CENTER SUITE 2600
TAMPA, FL 33602

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIHALE, DENNIS P.H. 3816 WEST LINEBAUGH AVENUE SUITE 210 TAMPA, FL 33618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-C-P MIHALE, DR. DENNIS 3350 BUSCHWOOD PK DR SUITE 120 TAMPA, FL. 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEAL, GREGORY N 3816 WEST LINEBAUGH AVENUE SUITE 210 TAMPA, FL 33618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D-S-V MIHALE, SHARON 3350 BUSCHWOOD PK DR. SUITE 120 TAMPA, FL. 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIHALE, SHARON A.H. 3816 WEST LINEBAUGH AVENUE SUITE 210 TAMPA, FL 33618	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHEN, DR. ANDRE 3350 BUSCHWOOD PK DR. SUITE 120 TAMPA, FL. 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, JACK 3350 BUSCHWOOD PK DR. SUITE 120 TAMPA, FL. 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURRAY, MIKE 3350 BUSCHWOOD PK DR. SUITE 120 TAMPA, FL. 33618	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T NESTA, WILLIAM 3350 BUSCHWOOD PK DR. SUITE 120 TAMPA, FL. 33618	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William Nesta WILLIAM NESTA 3/16/05 813-936-1090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #