

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90409 028 ***158.75

DOCUMENT # P04000105790

1. Entity Name
PARSES, INC.



Principal Place of Business
**3350 BUSCHWOOD PK DR
TAMPA, FL 33618**

Mailing Address
**3350 BUSCHWOOD PK DR
TAMPA, FL 33618**

00000047



2. Principal Place of Business

3350 BUSCHWOOD PK DR.

Suite, Apt. #, etc.

SUITE 120

City & State

TAMPA FL.

Zip

33618

Country

3. Mailing Address

3350 BUSCHWOOD PK DR.

Suite, Apt. #, etc.

SUITE 120

City & State

TAMPA FL

Zip

33618

Country

03292006

Chg-P

CR2E034 (11/05)

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, 2006 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
**DCP
MIHALE, DENNIS DR
3350 BUSCHWOOD PK DR SUITE 120
TAMPA, FL 33618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSV
MIHALE, SHARON
3350 BUSCHWOOD PK DR SUITE 120
TAMPA, FL 33618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHEN, ANDRE DR.
3350 BUSCHWOOD PK DR SUITE 120
TAMPA, FL 33618** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MURRAY, JACK
3350 BUSCHWOOD PK DR SUITE 120
TAMPA, FL 33618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MURRAY, MIKE
3350 BUSCHWOOD PK DR SUITE 120
TAMPA, FL 33618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
NESTA, WILLIAM
3350 BUSCHWOOD PK DR SUITE 120
TAMPA, FL 33618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

William A. NESTA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06

Date

813-936-1090

Daytime Phone #