

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P10000088469

1. Entity Name
PARSONS INSURANCE GROUP INC



FILED
12 MAY 18 AM 11:22
SARASOTA, FL

Principal Place of Business
**5344 CLARK ROAD
SARASOTA, FL 34233 US**

Mailing Address
**5344 CLARK ROAD
SARASOTA, FL 34233 US**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

05092012 Chg-P CR2E034 (12/11)

6. Name and Address of Current Registered Agent
**PARSONS, WILLIAM T
4932 WINDFLOWER CIRCLE
SARASOTA, FL 34241**

7. Name and Address of New Registered Agent
Name **Valerie K. Parsons**
Street Address (P.O. Box Number is Not Acceptable)
5344 Clark Rd.
City **Sarasota** FL Zip Code **34241**

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 **Valerie K. Parsons** DATE **5-14-12**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 28, 2012**

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

REMITTED BY MAY 1

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARSONS, VALERIE K 4965 SOUTHERN WOOD DR SARASOTA, FL 34241	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Valerie K. Parsons 5344 Clark Rd. Sarasota FL 34241	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **Valerie Parsons** DATE **5/14/12** E-MAIL ADDRESS **valerie@parsonsinsurancegroup.com**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS

MAY 18 2012