

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29697

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: PARSIFAL CORPORATION

## Current Principal Place of Business:

PO BOX 268  
JAMESTOWN, CO 80455

## New Principal Place of Business:

104 MAIN STREET  
BOX 268  
JAMESTOWN, CO 80455

## Current Mailing Address:

PO BOX 268  
JAMESTOWN, CO 80455

## New Mailing Address:

FEI Number: 11-2619893      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VAN DEVENTER, MIKE  
4600 LIPSCOMB STREET  
PALM BAY, FL 32905 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: OLSEN, MARK S.,  
Address: PO BOX 268  
City-St-Zip: JAMESTOWN, CO 80455

Title: D ( ) Delete  
Name: COONS, GARY,  
Address: 112 MAIN STREET  
City-St-Zip: WATERVILLE, ME 04901

Title: D ( ) Delete  
Name: VANDEVENTER, MIKE,  
Address: 112 MAIN STREET  
City-St-Zip: WATERVILLE, ME 04901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK OLSEN

D

04/26/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date