

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P29697

FILED
Mar 11, 2008
Secretary of State

Entity Name: PARSIFAL CORPORATION

Current Principal Place of Business:

104 MAIN STREET
BOX 268
JAMESTOWN, CO 80455

New Principal Place of Business:

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

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: CANNON, CLIFF D SALES
Address: 4600 LIPSCOMB STREET
City-St-Zip: PALM BAY, FL 32905

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

03/11/2008

Electronic Signature of Signing Officer or Director

_____ Date