

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000014830 1. Entity Name THE PAR SYSTEMS GROUP, INC.	
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Principal Place of Business 15007 SE 225 DR. HAWTHORNE, FL 32640 US	Mailing Address P.O. BOX 1412 HAWTHORNE, FL 32640 US
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01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3167236	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RUSSELL, WALLACE F 15007 SE 225 DRIVE HAWTHORNE, FL 32640

**DO NOT WRITE
IN THIS SPACE**

6. 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 reinstalling) DATE

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

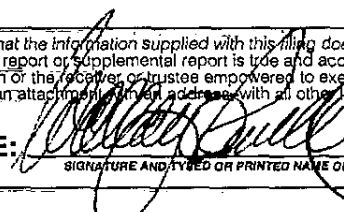
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST RUSSELL, WALLACE F 15007 SE 225 DRIVE HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSELL, WALLACE F II 1207 SATURN AVE NORTH CLEARWATER, FL 33755
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSSELL, LINDA A 15007 SE 225 DRIVE HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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04/27/05-60030-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 to my address with all other life empowered.

SIGNATURE:  **WALLACE F RUSSELL** 4/25/2005 352/481-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #