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.

Principal Place of Business	Mailing Address
15007 SE 225 DR. HAWTHORNE, FL 32640 US	P.O. BOX 1412 HAWTHORNE, FL 32640 US

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

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

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

000003541137
04/27/05-80030-015 150.00

DO NOT WRITE IN THIS SPACE

12. *I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like 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 #