

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000102165

FILED  
Apr 15, 2004  
Secretary of State

Entity Name: PARSLEY & ASSOCIATES, INC.

**Current Principal Place of Business:**

1115 LAKELAND HILLS BLVD  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 90754  
LAKELAND, FL 338040754

**New Mailing Address:**

FEI Number: 59-3416674      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PARSLEY, JON M  
1115 LAKELAND HILLS BLVD  
LAKELAND, FL 33805

**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: PARSLEY, JON M  
Address: 1115 LAKELAND HILLS BLVD  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: PARSLEY, WANDA J  
Address: 1115 LAKELAND HILLS BLVD  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: PARSLEY, PAULA D  
Address: 1115 LAKLAND HILLS BLVD  
City-St-Zip: LAKELAND, FL 33805

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D (X) Change ( ) Addition  
Name: PARSLEY, PAULA S  
Address: 1115 LAKLAND HILLS BLVD  
City-St-Zip: LAKELAND, FL 33805

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JON M. PARSLEY

D

04/15/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date