2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# P97000023646

Entity Name: STANLEY PARSONS INSURANCE SERVICES INC.

Current Principal Place of Business:

519 SHORT STREET
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

519 SHORT STREET
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-3438986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARSONS, STANLEY B
519 SHORT STREET
TALLAHASSEE, FL 32308 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

OFFICERS AND DIRECTORS:

Title: D
Name: PARSONS, STANLEY BLACK
Address: 519 SHORT STREET
City-St-Zip: TALLAHASSEE, FL 32308

Title: D
Name: SUE, PARSONS
Address: 519 SHORT STREET
City-St-Zip: TALLAHASSEE, FL 32308

I hereby 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 all other like empowered.

SIGNATURE: STANLEY B PARSONS SEC 01/06/2011

Electronic Signature of Signing Officer or Director Date