

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000044554

FILED  
Apr 01, 2010  
Secretary of State

**Entity Name:** PARSONS' LITTLE SCHOLARS CREATIVE CHILD CARE, INC.

**Current Principal Place of Business:**

6505 FORT CAROLINE ROAD  
JACKSONVILLE, FL 32277

**New Principal Place of Business:**

**Current Mailing Address:**

12734 SHINNECOCK WAY  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

**FEI Number:** 59-3449622

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARSONS, DAVID L  
12734 SHINNECOCK WAY  
JACKSONVILLE, FL 32225 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:** P  
**Name:** PARSONS, DAVID L PRES.  
**Address:** 12734 SHINNECOCK WAY  
**City-St-Zip:** JACKSONVILLE, FL 32225 US

**Title:** VP  
**Name:** PARSONS, DAVID L VP  
**Address:** 12734 SHINNECOCK WAY  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** S  
**Name:** PARSONS, DAVID L SECY  
**Address:** 12734 SHINNECOCK WAY  
**City-St-Zip:** JACKSONVILLE, FL 32225

**Title:** T  
**Name:** PARSONS, DAVID L TRES.  
**Address:** 12734 SHINNECOCK WAY  
**City-St-Zip:** JACKSONVILLE, FL 32225

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:** DAVID L. PARSONS

PRES

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date