

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000012713

1. Entity Name

PARSONS DEVELOPMENT COMPANY



Principal Place of Business

5551 CORPORATE BOULEVARD., 2-A
BATON ROUGE LA 70808

Mailing Address

P.O. BOX 66338
BATON ROUGE LA 70896-6338

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME REILLY, KEVIN JR
STREET ADDRESS 5551 CORPORATE BOULEVARD., 2-A
CITY-ST-ZIP BATON ROUGE LA 70808

TITLE VPTD ☐ Delete
NAME ISTRE, KEITH
STREET ADDRESS 5551 CORPORATE BOULEVARD., 2-A
CITY-ST-ZIP BATON ROUGE LA 70808

TITLE VP ☐ Delete
NAME REILLY, SEAN
STREET ADDRESS 5551 CORPORATE BLVD., STE. 2A
CITY-ST-ZIP BATON ROUGE LA 70808

TITLE S ☐ Delete
NAME MCILWAIN, JAMES
STREET ADDRESS 5551 CORPORATE BOULEVARD., 2-A
CITY-ST-ZIP BATON ROUGE LA 70808

TITLE D ☐ Delete
NAME STEWART, T. EVERETT
STREET ADDRESS 5551 CORPORATE BLVD., STE. 2A
CITY-ST-ZIP BATON ROUGE LA 70808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
04 MAR 16 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E034 (11/03)

4. FEI Number 59-3500218
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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03/05/04--01024--017 **1541.25

Keith Istre

Keith A. Istre

2/12/04

285-926-1000