

2005 FOR PROFIT CORPORATION ANNUAL REPORT

\$150

APPROVED
AND
FILED

05 MAY 10 PM 5:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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



04252005 No Chg-P CR2E034 (10/03)

MPS

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3500218

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 _____
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD REILLY, KEVIN JR 5551 CORPORATE BOULEVARD., 2-A BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD ISTRE, KEITH 5551 CORPORATE BOULEVARD., 2-A BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REILLY, SEAN 5551 CORPORATE BLVD., STE. 2A BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCILWAIN, JAMES 5551 CORPORATE BOULEVARD., 2-A BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, T. EVERETT 5551 CORPORATE BLVD., STE. 2A BATON ROUGE, LA 70808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

600054847406
05/19/05--01019--003 **1350.00

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 an address, with all other like empowered.

SIGNATURE: Keith Istre Keith Istre 4/27/05 (225) 926-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #