


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000019467</b>	
1. Entity Name <b>PARCOM PROPERTIES, INC.</b>	

Principal Place of Business <b>8 BROADWAY SUITE 218 KISSIMMEE, FL 34741</b>	Mailing Address <b>8 BROADWAY SUITE 218 KISSIMMEE, FL 34741</b>
----------------------------------------------------------------------------------------	----------------------------------------------------------------------------



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-3505127**

Applied For	Not Applied
-------------	-------------

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>PARSONS, RAY 8 BROADWAY SUITE 218 KISSIMMEE, FL 34741</b>
---------------------------------------------------------------------------------------------------------------------------------

**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 reinstalling) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

1100000535222  
06/08/06-80039-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARSONS, RAY C 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARSONS, DALE H 8 BROADWAY, SUITE 218 KISSIMMEE, FL 34741
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Ray Parsons** 4.19.06 407.847.4706