2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000090107

1. Entity Name
PARSONS INVESTMENTS, INC.

Principal Place of Business	Mailing Address
5811 PELICAN BAY BLVD. SUITE 600 NAPLES, FL 34108	5811 PELICAN BAY BLVD STE 600 NAPLES, FL 34108

DO NOT WRITE IN THIS SPACE

01202004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3602634	Not Applicable

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

6. Name and Address of Current Registered Agent

FOWLER WHITE BOGGS BANKER, P.A.
5811 PELICAN BAY BOULEVARD
SUITE 600
NAPLES, FL 34108

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

10.   OFFICERS AND DIRECTORS

TITLE	PS 𝒟
NAME	SALISBURY, MEREDITH P
STREET ADDRESS	17 NORTH STREET
CITY-ST-ZIP	LEXINGTON, MA 02420
TITLE	VPT
NAME	PARSONS, ROGER B
STREET ADDRESS	192 GLAMIS LANE
CITY-ST-ZIP	PALATINE, IL 600678017
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	

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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: _Meredith P. Salisbury, President 3/29/04_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
MEREDITH P. SALISBURY