

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S48212

FILED  
Feb 03, 2010  
Secretary of State

Entity Name: THE PARC GROUP, INC.

**Current Principal Place of Business:**

4314 PABLO OAKS CT  
JACKSONVILLE, FL 32224 US

**New Principal Place of Business:**

**Current Mailing Address:**

4314 PABLO OAKS CT  
JACKSONVILLE, FL 32224 US

**New Mailing Address:**

FEI Number: 59-3063755

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLINEPETER, ANNE T  
4314 PABLO OAKS CT  
JACKSONVILLE, FL 32224 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: PCOO  
Name: BARBOUR, GREGORY J.  
Address: 4314 PABLO OAKS CT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: SDC  
Name: O'STEEN ROGER M.  
Address: 4314 PABLO OAKS CT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: ST  
Name: OWENS, LAUREN L.  
Address: 4314 PABLO OAKS CT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: EXVP  
Name: O'STEEN, RICHARD H  
Address: 4314 PABLO OAKS CT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: EXP  
Name: DALIBERTI, MICHAEL R  
Address: 4314 PABLO OAKS CT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: SRVP  
Name: KLINEPETER, ANNE T  
Address: 4314 PABLO OAKS CT  
City-St-Zip: JACKSONVILLE, FL 32224

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: LAUREN L OWENS

ST

02/03/2010

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

\_\_\_\_\_  
Date