## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED . DOCUMENT # \$96296 Feb 20, 2006 08:00 AN 1. Entity Name Secretary of State LLOYD PARSONS ENTERPRISES, INCORPORATED Principal Place of Business Mailing Address 895 MORRISON AVENUE 895 MORRISON AVENUE ENGLEWOOD FL 34223-2636 ENGLEWOOD FL 34223-2636 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 65-0192705 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARSONS, LLOYD Street Address (P.O. Box Number is Not Acceptable) 895 MORRISON AVENUE SUITE #3 **ENGLEWOOD FL 34223** City 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. Tam familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and little if applicable DATE (NOTE Registered Agent signature regulared when reinstalling) FILE NOW!!! FEE IS \$150,00 9. Election Campalgn Financing **\$5.00** May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete DILE ☐ Change ☐ Addition NAME PARSONS, LLOYD NAME STREET ADDRESS STREET ADDRESS 895 MORRISON AVENUE UODBDD442296 CITY-ST-ZIP ENGLEWOOD FL City-ST-7IP 03/04/06-90014-.150.M TITLE ☐ Delete TITLE ☐ Change ☐ Addis NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Criy-ST-Zip TITLE ☐ Delete TITLE ☐ Change T Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ππε ☐ Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete □ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ AJJE® Delete ☐ Change THLE TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 direction 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.

Daytime Phone #

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: