2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 07, 2008 08:00 All Secretary of State **DOCUMENT # \$96296** 1. Entity Name 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) Applied For City & State City & State 4. FEI Number 65-0192705 Not Applicable Ζıp Country $Z_{i}p$ 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or premod sense of repistored repert and title ill applicable, (NOTE: Registered Agent eignature required when reinstaturig) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE ☐ Change NAME PARSONS, LLOYD STREET ADDRESS 895 MORRISON AVENUE STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL CITY-ST-ZIP TITLE Deiete TITLE Change ■ Addition U00000818839 NAME MAME 02/15/08-80059-004 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THLE ☐ Change ☐ Addition NAME HALI STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11110 Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-SI-ZIP Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 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 hanged, or on an attachment with an address, with all other like empowered.

LIOYD A. PARSONS

2-4-08

Daytime Phone i

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR