2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V29671

1020 SW 63 AVENUE

WEST MIAMI, FL 33144 US

Address: City-St-Zip:

Entity Name: PARSONS GENERAL CONTRACTORS, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
9757 E. IN PALMETT	DIGO ST O BAY, FL 33157	US	16950 SW 90 AVENUE PALMETTO BAY, FL 3		
Current Mailing Address:			New Mailing Address	New Mailing Address:	
9757 E. IN PALMETT	DIGO ST O BAY, FL 33157	US	16950 SW 90 AVENUE PALMETTO BAY, FL 3		
FEI Number:	: 65-0331058 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
HAMEL, D 9757 E. IN PALMETT		US	HAMEL, DAVID W 16950 SW 90 AVENUE PALMETTO BAY, FL 3		
	named entity sub e of Florida.	mits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				03/24/2009	
	Electronic S	Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing Tro	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Del PARSONS, ANTHOI 6205 AUTREY COU RALEIGH, NC 276	NY, J, IRT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Del HAMEL, DAVID, W, 16950 SW 90 AVEN PALMETTO BAY, F	NUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP (X) Del GONZALEZ, GILBE		Title: Name:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DAVID W HAMEL T 03/24/2009