


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90031 016 \*\*\*150.00

**DOCUMENT # 227509**

1. Entity Name  
**M.M. PARRISH AND ASSOCIATES, INC.**



Principal Place of Business  
**1405 NW 13TH STREET  
 GAINESVILLE, FL 32601**

Mailing Address  
**C/O CHARLES I. HOLDEN, JR.  
 2772-S NW 43RD ST  
 GAINESVILLE, FL 32606**

**44025335**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03222004 Chg-P: CR2E034 (10/03)

City & State  
 Zip Country

4. FEI Number  
**59-6065614**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HOLDEN, JR., CHARLES I  
 2772-S NW 43RD STREET  
 GAINESVILLE, FL 32606**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
VP	NICKERSON, JAMES F	1405 NW 13 STREET	GAINESVILLE, FL 32601	<input checked="" type="checkbox"/>
P	RITCH, SANFORD E	5200 NEWBERRY RD., BLDG. C	GAINESVILLE, FL 32607	<input type="checkbox"/>
VPD	PARRISH, JAMES M JR	1405 NW-13 STREET	GAINESVILLE, FL 32601	<input type="checkbox"/>
STD	PARRISH, SUSAN D	6618 SW 100TH LN	GAINESVILLE, FL 32608	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:** \_\_\_\_\_ **3/30/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #