


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90316 033 ***150.00

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| 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 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. 3870 NW 83 RD ST. | | Suite, Apt. #, etc. 3870 NW 83 RD ST. | |
| City & State Gainesville, FL | | City & State Gainesville, FL | |
| Zip 32606 | | Country USA | |
| 4. FEI Number 59-6065614 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| HOLDEN, JR., CHARLES I 2772-S NW 43RD STREET GAINESVILLE, FL 32606 | | 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 _____ | | DATE _____ | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RITCH, SANFORD E | NAME | |
| STREET ADDRESS | 5200 NEWBERRY RD., BLDG. C | STREET ADDRESS | |
| CITY-ST-ZIP | GAINESVILLE, FL 32607 | CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARRISH, JAMES M JR | NAME | 3870 NW 83 RD ST. |
| STREET ADDRESS | 1405 NW 13 STREET | STREET ADDRESS | Gainesville, FL 32606 |
| CITY-ST-ZIP | GAINESVILLE, FL 32601 | CITY-ST-ZIP | |
| TITLE | STD <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARRISH, SUSAN D | NAME | 3870 NW 83 RD ST. |
| STREET ADDRESS | 6618 SW 100TH LN | STREET ADDRESS | GAINESVILLE, FL 32606 |
| CITY-ST-ZIP | GAINESVILLE, FL 32608 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 Chapter 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 if changed, or on an attachment with an address, with all other like empowered. | | | |
| SIGNATURE: _____ | | Date: 2/9/06 Daytime Phone #: 352-372-5315 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |