


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 13, 2005 8:00 am
Secretary of State

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05-03-2005 90092 023 ***150.00
 04-26-2005 90131 034 ****50.00


DOCUMENT # P96000100592
 1. Entity Name
DAVID R. PARILLA, INC.



Principal Place of Business Mailing Address
1335 SANTOS ROAD 1335 SANTOS ROAD
FT MYERS BEACH, FL 33931 FT MYERS BEACH, FL 33931

DO NOT WRITE IN THIS SPACE

DOCUMENT



01072005 No Chg-P CR2E004 (10/03)

4. FEI Number
65-0723478 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WINESETT, RICHARD W
1335 SANTOS ROAD
FT MYERS BEACH, FL 33931

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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: **5-24-05**

Signature, title or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reappointing.


FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

After May 1, 2005 Fee will be \$550.00

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	PARILLA, DAVID R
STREET ADDRESS	1335 SANTOS ROAD
CITY-ST-ZIP	FT MYERS BEACH, FL 33931
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 (be empowered).

SIGNATURE:  DATE: **6-8-05** DEGREE: **279-463-3229**

Signature and typed or printed name of officer or director Date Degree Here if