

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-10-2006 90316 033 ***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																																																																																																																	
2. Principal Place of Business Suite, Apt. #, etc. 3870 NW 83RD ST.		3. Mailing Address Suite, Apt. #, etc. 3870 NW 83RD ST.																																																																																																																	
City & State Gainesville, FL		City & State Gainesville, FL																																																																																																																	
Zip 32606		Zip 32606																																																																																																																	
Country USA		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 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																			
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																																																																																																																	
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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: _____ 2/9/06 352-372-5315 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																			