

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90001 050 ***150.00

DOCUMENT # 579519

1. Entity Name

PARALLAX, INC.



Principal Place of Business

7209 114TH AVE N
SUITE A
LARGO FL 33773
US

Mailing Address

7209 114TH AVE N
SUITE A
LARGO FL 33773
US

2. Principal Place of Business

11059 NE HWY 314

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 335

Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Silver Springs, FL

Zip

34488

Country

USA

City & State

Silver Springs, FL

Zip

34489

Country

USA

4. FEI Number

59-1852946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIPES, WAYNE & DEBBIE
7209 114TH AVE N
SUITE A
LARGO FL 33773

7. Name and Address of New Registered Agent

Name

Sipes, Wayne & Debbie

Street Address (P.O. Box Number is Not Acceptable)

11059 NE HWY 314

City

Silver Springs

FL

Zip Code

34488

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

2/2/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME SIPES, H. WAYNE
STREET ADDRESS 11059 NE HWY 314
CITY-ST-ZIP SILVER SPRINGS FL 34489-0335

TITLE ST ☐ Delete
NAME SIPES, DEBBIE J.
STREET ADDRESS 11059 NE HWY 314
CITY-ST-ZIP SILVER SPRING FL 34489-0335

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Debbie J. Sipes

Debbie J. Sipes

2/2/04

352-625-0348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #