2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2008 08:00 AN

DOCUMENT # 622590 1. Entity Name PARRISH SEPTIC TANK, INC. Principal Place of Business 1911 HWY 78 WEST OKEECHOBEE, FL 34974 US DO NOT WRITE IN THIS SPACE				04302008 4. FEI Numb	No Chg-P		11/05) Applied For	ıte
			59-190 5. Certificate	of Status Desired		Not Applicable 75 Additional Required		
	6. Name and Address of Current Regis	tered Agent	<u>'</u>	<u> </u>	<u></u>	r ee	reduii ea	
1679 SW	, STEVEN T 16 ST DBEE, FL 34974		_	NOT W THIS SP				
	named entity submits this statement for the ptions of registered agent.	ourpose of changing its register	ed office or register	red agent, or bo	th, in the State of Flo	rida. I am famil	iar with, and accept	
SIGNATURE.								ı
SIGNATORIE.	Signature, typed or printed name of registered agent and title	d applicable (NOTE Registere	id Agent signature required	d when reinstating)	1	DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees				
10.	OFFICERS AND DIREC	OTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P PARRISH, STEVEN T. 1679 SW 16TH ST. OKEECHOBEE, FL 34974	05/30/08-80053-011 150.00						
NAME STREET ADORESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-S1-ZIP			i					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
	certify that the information supplied with this fi	ling does not qualify for the exe	emptions contained	Lin Chanter 119	Florida Statutes 1	further certify th	at 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:

Steven Ti Parrial
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

863-743-2831 Daytime Prione #