

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 643657

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** JOHN R. PARRY, P.A.

**Current Principal Place of Business:**

304 S W 15TH ST.  
OCALA, FL 34471 US

**New Principal Place of Business:**

304 SW 15TH STREET  
OCALA, FL 344716534 US

**Current Mailing Address:**

P.O. BOX 830968  
OCALA, FL 34483 US

**New Mailing Address:**

**FEI Number:** 59-3320536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PARRY, JOHN  
15129 SE 103RD PL RD  
OCKLAWAHA, FL 321794203 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PARRY, JOHN R  
Address: 15129 SE 103RD PL RD  
City-St-Zip: OCKLAWAHA, FL 32179 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN PARRY

PRES

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date