

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 DEC -2 AM 8:34

DOCUMENT # F99000005128

1. Entity Name
BOB PARRISH CPA, P.C.



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
725 NORTON ST.
LONGBOAT KEY, FL 34228

Mailing Address
725 NORTON ST.
LONGBOAT KEY, FL 34228

REINSTATEMENT 04



2. Principal Place of Business
5390 GULF OF MEXICO DR
Suite, Apt. #, etc.
102

3. Mailing Address
5390 GULF OF MEXICO DR
Suite, Apt. #, etc.
102

11112004 REIN-P CR2E098 (6/04)

City & State
LONGBOAT KEY, FL

City & State
LONGBOAT KEY, FL

4. FEI Number
75-2800129
Applied For
Not Applicable

Zip
34228
Country
USA

Zip
34228
Country
USA

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

6. Name and Address of Current Registered Agent

PARRISH, ROBERT
725 NORTON STREET
LONGBOAT KEY, FL 34228

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 ROBERT PARRISH

Robert Parrish

11/11/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PARRISH, BOB	
STREET ADDRESS	725 NORTON ST.	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE	S	<input type="checkbox"/> Delete
NAME	PARRISH, MARY	
STREET ADDRESS	725 NORTON ST.	
CITY-ST-ZIP	LONGBOAT KEY, FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	900043124519
STREET ADDRESS	12/02/04--01017--017 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: BOB PARRISH

Bob Parrish

11/11/04

941-387-0926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #