2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G15050

1. Entity Name
PARRISH GROCERY, INC.

Principal Place of Business	Mailing Address
2011 CALUSA LAKES BLVD 1101 - 22D AVE WEST NOKOMIS, FL 34275 US	2011 CALUSA LAKES BLVD. 1101 - 22D AVE WEST NOKOMIS, FL 34275 US

DO NOT WRITE IN THIS SPACE

09052007   No Chg-P   CR2E034 (11/05)

4. FEI Number 59-2245685	Applied For
	Not Applicable

5. Certificate of Status Desired $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RYS, IRENE ANTONETTE
2011 CALUSA LAKES BLVD
NOKOMIS, FL 34275

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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

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees   In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	RYS, IRENE ANTONETTE
STREET ADDRESS	2011 CALUSA LAKES BLVD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	D
NAME	RYS, JANICE MARY
STREET ADDRESS	2011 CALUSA LAKES BLVD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	D
NAME	RYS, JOHN MICHAEL
STREET ADDRESS	2011 CALUSA LAKES BLVD
CITY-ST-ZIP	NOKOMIS, FL 34275
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Irene A Rys_   9-5-07   941-434-5728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #