

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # H63993

1. Entity Name
JOHNSON, PARRISH & EDWARDS, INC.



Principal Place of Business
**C/O KENNETH J. PARRISH
4411 BEACON CIRCLE, STE 4
WPB, FL 33407 US**

Mailing Address
**C/O KENNETH J. PARRISH
4411 BEACON CIRCLE, STE 4
WPB, FL 33407 US**

DO NOT WRITE IN THIS SPACE



01262007 No Chg-P CR2E034 (11/05)

| | |
|--|--|
| 4. FEI Number 59-2550770 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**PARRISH, J. KENNETH
201 FENANDINA ST
FORT PIERCE, FL 34949**

**DO NOT WRITE
IN THIS SPACE**

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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | DPTS |
| NAME | PARRISH, J. KENNETH, JR. |
| STREET ADDRESS | 4411 BEACON CIRCLE STE 4 |
| CITY- ST- ZIP | WEST PALM BEACH, FL 33407 |

| | |
|----------------|---------------------------|
| TITLE | VP |
| NAME | EDWARDS, BRIAN G |
| STREET ADDRESS | 4411 BEACON CIR., #4 |
| CITY- ST- ZIP | WEST PALM BEACH, FL 33407 |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY- ST- ZIP | |

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/07

Date

561-848-2522

Daytime Phone #