

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90039 049 ***150.00

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|--|---|---------------------|---|---|--|
| DOCUMENT #H63993 1. Entity Name PARRISH & EDWARDS, INC. | | | |  | |
| Principal Place of Business 3418 W. MALLORY BLVD. JUPITER, FL 33458 US | | | Mailing Address 3418 W. MALLORY BLVD. JUPITER, FL 33458 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2550770 | |
| 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 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| 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 <i>Brian G. Edwards</i> DATE <i>2/29/08</i> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPTS PARRISH, J. KENNETH, JR. 4411 BEACON CIRCLE STE 4 WEST PALM BEACH, FL 33407 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3418 w mallory Blvd. Jupiter, FL 33458 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP EDWARDS, BRIAN G 4411 BEACON CIR., #4 WEST PALM BEACH, FL 33407 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP, D 3418 w. mallory Blvd. Jupiter, FL 33458 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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: <i>Brian G. Edwards</i> VP | | | 2/29/08 561-622-9992 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Brian G. Edwards | | | Date Daytime Phone # | | |