

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
AND  
FILED

07 APR 25 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]*



01252007 No Chg-P CR2E034 (11/05)

**DOCUMENT # J96651**

1. Entity Name  
**LOUIS PARRISH & ASSOCIATES, INC.**



Principal Place of Business  
C/O BRIAN E. FITZGERALD  
320 W. PARK AVENUE  
TALLAHASSEE, FL 32301 US

Mailing Address  
C/O BRIAN E. FITZGERALD  
320 W. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2850944**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FITZGERALD, BRIAN E.  
903 1/2 N. MONROE ST.  
TALLAHASSEE, FL 32303

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP PARRISH, LOUIS 320 W. PARK AVENUE TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZGERALD, BRIAN E 903 1/2 N MONROE ST TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

300101260733  
05/02/07--01056--003 \*\*150.00

**DO NOT WRITE  
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]* **LOUIS PARRISH, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-07