

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L40385

1. Entity Name

JIM PARHAM & ASSOCIATES, INC.



Principal Place of Business

**5146 COLBERT ROAD
LAKELAND FL 33813
US**

Mailing Address

**P.O. BOX 6529
LAKELAND FL 33807
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2984817

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JIM PARHAM
5146 COLBERT ROAD
LAKELAND FL 33813**

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

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP	☐ Delete
NAME	PARHAM, JIMMY W.	
STREET ADDRESS	5146 COLBERT RD	
CITY - ST - ZIP	LAKELAND FL	

TITLE	DST	☐ Delete
NAME	PARHAM, ELIZABETH ANN	
STREET ADDRESS	5146 COLBERT RD	
CITY - ST - ZIP	LAKELAND FL	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	1000000043186	
CITY - ST - ZIP	02/10/04-80048-022 150.00	

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		☐ Change ☐ 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)(f), 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: *Elizabeth Ann I. Parham* Elizabeth Ann I. Parham, Secretary 2/4/04 (863)644-7097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #