


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L59433 1. Entity Name DAVID D. PARRISH LAND SURVEYING, INC.	
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Principal Place of Business 12606 NW 142ND TERRACE ALACHUA, FL 32615 US	Mailing Address P.O. BOX 788 ALACHUA, FL 32616 US
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DO NOT WRITE IN THIS SPACE



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3000012	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PARRISH, DAVID D 12606 NW 142ND TERR ALACHUA, FL 32615
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARRISH, DAVID D. 12606 NW 142ND TERR ALACHUA, FL 32615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARRISH, SUSAN D. 12606 NW 142ND TERR ALACHUA, FL 32615
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<p>U00000288499 04/05/05-80012-010 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 4-3-05 <small>Date</small>	Daytime Phone # 386-462-5427 <small>Daytime Phone #</small>
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