

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2008 8:00 am
Secretary of State

05-21-2008 90020 012 ****61.25

DOCUMENT # N07000008216 1. Entity Name PARRISH PROFESSIONALS INC			
Principal Place of Business 4209 BERKELEY DRIVE PARRISH, FL 34219		Mailing Address 3704 US HWY 301 N 3 ELLENTON, FL 34222 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4209 Berkeley Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Parrish, FL	
Zip	Country	Zip 34219	Country USA
4. FEI Number 39-2076461		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN FOSSEN, TARAH G 3704 US HWY 301 N 3 ELLENTON, FL 34222		7. Name and Address of New Registered Agent Name Jackie Felix Street Address (P.O. Box Number is Not Acceptable) 4209 Berkeley Drive City Parrish FL Zip Code 34219	
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 reappointing)			
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELIX, JACKIE 4209 BERKELEY DRIVE PARRISH, FL 34219	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILLEARD, THERESA 4211 KINGSFIELD DRIVE PARRISH, FL 34219	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR VAN FOSSEN, TARAH G 1802 27TH AVE W BRADENTON, FL 34205	☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR PIERCE, LORNA 2715 124TH AVE E PARRISH, FL 34219	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR PIERCE, MATTHEW 2715 124TH AVE E PARRISH, FL 34219	☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR LANG, BONNIE 4207 KINGSFIELD DRIVE PARRISH, FL 34219	☒ Delete T.H.C. only	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:		☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR BONNIE LANG 4207 KINGSFIELD DR PARRISH, FL 34219	☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Nafi Schwanzler 11523 Jackson Manor Ct. Parrish, FL 34219	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nadine Anderson 17619 Howling Wolf Run Parrish, FL 34219	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Todd Anderson 17619 Howling Wolf Run Parrish, FL 34219	☐ Change ☒ Addition	
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 supplementary 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 617, 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	
Date		Daytime Phone #	